

II

COUNTY COUNCIL OF DURHAM



ANNUAL REPORT

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR

1972

STANLEY LUDKIN, O.B.E., M.D., B.S., F.F.C.M., D.P.H.

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for the YEAR 1972



County Hall,
Durham.

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HEALTH DEPARTMENT,
COUNTY HALL,
DURHAM.

October, 1973.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report on the Health and School Health Services in the administrative county for the year 1972. Information relating to the personal health services provided by the Easington Rural District Council under the scheme of delegation of functions is embodied in Part I but the school health service in relation to that district is dealt with as a separate subject in Part IV. Although there will be continuity in the method of compiling and presenting statistics during 1973, the commencement of the reorganised National Health Service in April 1974 means that this may be my last annual report in its present form. For this reason, I have referred to developments which will become operational in 1973 although much of the planning was undertaken in 1972.

There is little change to report in the health of the community. The birth rate is now much the same as that of England and Wales while the death rate—almost certainly a legacy of the past—although still higher than the national rate, is being reduced more slowly than in the country as a whole, a pattern demonstrated clearly in the trend in pulmonary tuberculosis mortality rates. Coronary thrombosis, cancer of the lung and venereal disease are among the current problems and, although rates are no higher than those quoted nationally, there is no reason for complacency and where means of preventing these diseases are known it is unfortunate that they are not heeded universally. It is encouraging to note that the last cases notified and deaths recorded of diphtheria and poliomyelitis were in 1958 and 1952; 1967 and 1961 respectively. This is a clear success story in the application of immunisation procedures and preventive medicine in eradicating diseases.

Our policy of providing health centres continues and almost all nursing staff are now aligned to general practices and this integration does much to increase job satisfaction as well as improving patient care. Major changes have occurred in our family planning service policy resulting in the provision of a more comprehensive, direct County Council service. Details are described under the appropriate section.

Good progress has been made during the year in the maintenance and extension of computer systems in their application to health services and I am particularly pleased that it will be possible to automatically transfer pre-school data on to the school medical records. This will give continuity of information and be a further step in the amalgamation of infant health and school health services to provide an integrated child health service. The Health Department has been fortunate in enjoying particularly friendly relations with the County Council's computer staff and now, with the inevitable transfer of work to the new Regional Health Authority computer in sight—although probably not until 1976—I must take this opportunity of acknowledging the part they have played in developing the health service applications over the last five years or so.

The keynote of 1972 has been planning for the future and this has involved myself and senior members of my staff in an immense amount of hard but very interesting work. As mentioned in my last report, I am grateful to the County Council for agreeing to allow me to serve on the Steering Committee associated with the reorganisation of the National Health Service and on the Environmental Health Sub-Committee of the working party discussing the form of collaboration to be set up between the reorganised health service and local government. The former has resulted in the "Grey Book" on "Management Arrangements", the latter periodic on-going recommendations.

During the year I have served as Chairman of the Durham Area Joint Liaison Committee and am pleased to report the successful progress of various working groups on which members of my staff are currently serving. In particular, two important documents were produced as tangible evidence of the work undertaken. The first, "A Pattern of Districts for Durham Area Health Authority", the second, "The Durham Area Health Authority Profile". In order to involve as many staff as possible in considering future plans and in collecting and collating information on existing services—local authority, hospital and general

practitioner—sub-groups of the major working groups have been formed and staff representation has been as wide as possible. Staff have appreciated working with their colleagues in other branches of the National Health Service and I am sure have benefited from this multi-disciplinary approach.

The proposed reorganisation of the National Health Service should enable the establishment within geographically defined health districts in the new Area Health Authority terrain—an area coinciding with that of the new County Council—of a single information service to continuously detect, assess and interpret the health requirements of those living within that district, whether they be young children, aged, mentally ill or subnormal, etc. This should then allow systematic, overall and comprehensive planning for the future, the allocation of resources (buildings, materials and personnel) according to priorities and at the same time ensure that the Authority is alerted immediately when there is a need to adjust services to meet new or modified requirements.

I am convinced that within this new structure the existing local health authority services will find an essential place and continue to play a valuable role but in a much wider context relating more closely to hospital and general practitioner services.

Periods of transition following reorganisation of this dimension can be very difficult and can cause great anxiety and feelings of insecurity among staff, but it is hoped that this will be minimal on this occasion. In an attempt to alleviate this problem I have arranged frequent “up-dating” talks and discussion groups among the staff with a communications system down to the most recent junior departmental recruit to ensure that all are as well informed as possible on current developments.

Now that the new local government boundaries have been agreed and the outline of the Durham Health Authority area defined, it is possible to anticipate some of the problems of the future. For example, while the more densely populated parts of the present county will be transferred to the Tyne Wear Metropolitan County in 1974, the new county will include Darlington C.B. with approximately 86,000 people but even so, only 1 in 7 of the population will live in a relatively urban area. The average age of rural populations tends to be older than in urban ones and health service provision must take account of this factor.

During the 10 year period I have been County Medical Officer of Health and Principal School Medical Officer to this Authority many changes have occurred, traditional services developed or adjusted and new ones introduced. Now at towards the end of an era I wish to express my appreciation of the loyal support I have continued to receive over this period, particularly in the last year, from my staff and for the help and understanding of the Members of the Health Committee.

Your obedient servant,

STANLEY LUDKIN,
County Medical Officer.

STAFF OF THE COUNTY HEALTH DEPARTMENT

COUNTY MEDICAL OFFICER OF HEALTH

Stanley Ludkin, O.B.E., M.D., B.S., F.F.C.M., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

J. M. O'Brien, M.B., Ch.B., M.F.C.M., D.P.H.

PRINCIPAL SENIOR MEDICAL OFFICERS

Administration—P. A. Gardner, L.A.H., M.F.C.M., D.P.H. (until 3.5.72)

Elaine M. Osborne, M.B., Ch.B., M.F.C.M., D.P.H., D.C.H., D.(Obst.) R.C.O.G. (part-time)

Child Health—Isla M. S. Gillie, M.B., Ch.B., M.F.C.M., D.P.H.

Geriatrics—Margaret A. Loraine, B.Sc., M.B., Ch.B., M.F.C.M., D.C.H., D.P.H.

Field Research and Evaluation—Audrey Sutherland, M.D., F.F.C.M., D.P.H., D.(Obst.) R.C.O.G.

SENIOR MEDICAL OFFICERS

Child Health—Dorothy D. Nichol, M.B., B.S., B.Hy., M.F.C.M., D.P.H. (part-time)

Paediatrics—Mary Timperley, M.B., Ch.B., M.F.C.M., D.C.H. (until 30.11.72)

Kathleen M. Stevens, M.B., B.S., C.P.H. (from 1.10.72)

MEDICAL OFFICERS IN DEPARTMENT

13 Whole-time

13 Part-time (representing 6·6 whole-time)

26 Sessional (representing 4·4 whole-time)

ASSISTANT COUNTY MEDICAL OFFICERS

Area No. 1	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H.
Area No. 2	G. H. Whalley, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S.
Area No. 3	P. F. A. Pereira, M.B., B.S., M.F.C.M., D.P.H.
Area No. 4	J. L. Siddle, M.B., B.S., M.F.C.M., D.P.H.
Area No. 5	J. L. Siddle, M.B., B.S., M.F.C.M., D.P.H.
Area No. 6	G. A. Macgregor, M.D., D.P.H.
Area No. 7	Audrey Wilkinson, L.R.C.P., L.M., L.R.C.S.I., M.F.C.M., D.P.H.
Area No. 8	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., M.F.C.M., D.P.H.
Area No. 9	Elaine M. Osborne, M.B., Ch.B., M.F.C.M., D.P.H., D.(Obst.)R.C.O.G.

MEDICAL OFFICER OF HEALTH—DELEGATED AUTHORITY

Easington R.D.—J. W. A. Rodgers, M.B., B.Ch., D.P.H.

CONSULTANT PAEDIATRICIAN FOR SPECIAL SCHOOLS (part-time)

J. D. Andrew, M.B., Ch.B., M.R.C.P., D.C.H.

PSYCHIATRISTS

Margaret R. Walley, M.B., Ch.B., D.P.M. (part-time)

Elizabeth M. Bruce, M.B., B.S., D.P.M. (part-time)

Margaret A. Lewis, M.B., B.S., D.P.M. (part-time)

PRINCIPAL SCHOOL DENTAL OFFICER

Margaret M. Lishman, L.D.S., R.C.S.

COUNTY HEALTH INSPECTOR

T. S. Yarrow, C.R.S.H., F.A.P.H.I.

HEALTH EDUCATION OFFICER

A. Ward, S.R.N., B.T.A., D.N., Dip in H.Ed.

COUNTY AMBULANCE OFFICER

C. G. Dwen, F.H.A., F.I.A.O., A.M.B.I.M.

CHIEF NURSING OFFICER

Miss J. M. Ball, S.R.N., S.C.M., H.V.Cert., H.V. Tutor Cert., Q.I.D.N.

CHIEF NURSING OFFICER—EASINGTON R.D.
Miss A. Howarth, S.R.N., S.C.M., H.V. Cert., Q.N.S.

SUPERINTENDENT HEALTH VISITOR
Miss M. Pattison, S.R.N., R.F.N., H.V.Cert., Nursing Administration (Public Health)

SUPERINTENDENT OF MIDWIFERY AND NURSING SERVICES
Mrs. E. Hedley, S.R.N., S.C.M.

CHIEF SPEECH THERAPIST
Mrs. M. E. Gough, L.C.S.T

CHIEF CHIROPODIST
J. J. Woods, S.R.Ch.

PART I

LOCAL HEALTH AUTHORITY SERVICES

AREA HEALTH SUB-COMMITTEES

Certain aspects of the health service are controlled through a system of area health sub-committees composed of serving members of the Health Committee and representatives of district councils and other local bodies. Unless special business requires otherwise, meetings are held quarterly. The number of meetings held by the area health sub-committees during the year in accordance with the scheme adopted by the County Council in 1948 was as follows:—

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	20	5
2	Jarrow Borough Felling U.D. Hebburn U.D.	21	3
3	Consett U.D. Stanley U.D. Lanchester R.D.	21	4
4	Chester-le-Street U.D. Chester-le-Street R.D.	16	5
5	Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D.	25	4

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
6	Crook and Willington U.D. Tow Law U.D. Weardale R.D.	18	4
7	Durham Borough Brandon & Byshottles U.D. Spennymoor U.D. Durham R.D. Sedgefield R.D. Stockton R.D.	35	5
8	Barnard Castle U.D. Barnard Castle R.D.	15	4
9	Bishop Auckland U.D. Shildon U.D. Darlington R.D.	19	5

COMMITTEES

The statutory duties placed upon the County Council in the field of public health generally and by those enactments concerned with the National Health Service in particular, continue to be discharged through the Health Committee. For the purposes of the National Health Service Acts, standing committees composed of serving members of the Health Committee and a number of co-opted representatives of outside bodies meet monthly. These committees are as follows:—

Maternity and Child Health

Ambulances

Midwifery, Home Nursing and Health Visiting

For staffing purposes a similarly constituted committee meets as and when required.

Under a scheme of delegation drawn up in accordance with Section 46 of the Local Government Act 1958, the Rural District Council of Easington has administered certain health services in their area since 1961.

SECTION A GENERAL STATISTICS

Area (Acres)	594,361
Registrar-General's estimate of population, mid-1972	822,580
Density of population (persons per acre)	1.38
Rateable value	£27,114,061
Product of 1p rate	£258,652

	<i>Administrative County</i>			<i>England and Wales</i>
	1970	1971	1972	1972
Live Births	12,821	13,112	12,174	725,405
Live birth rate per 1,000 population (adjusted) ...	15.6	16.0	15.1	14.8
Illegitimate live births per cent of total live births ...	6	6	7	9
Stillbirths	172	170	149	8,794
Stillbirth rate per 1,000 live and stillbirths	13	13	12	12
Total live and stillbirths	12,993	13,282	12,323	734,199
Infant deaths (under 1 year)	242	247	230	12,494
Infant mortality rates:—				
Total infant deaths per 1,000 total live births ...	19	19	19	17
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	19	18	19	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	24	25	15	21
Neo-natal mortality rate (deaths under 4 weeks) per 1,000 total live births	13	12	14	12
Early neo-natal mortality rate (deaths under 1 week) per 1,000 total live births	12	10	11	10
Perinatal mortality rate (stillbirths and deaths under 1 week combined) per 1,000 total live and stillbirths	25	22	23	22
Stillbirths and deaths under 1 year per 1,000 live and stillbirths	31.9	31.4	30.8	29.0
Maternal deaths (including abortions)	2	Nil	3	
Maternal mortality rate per 1,000 live and stillbirths	0.15	Nil	0.24	0.15
Deaths from all causes	9,722	9,557	10,083	591,907
Death rate per 1,000 population (adjusted)	13.7	13.6	13.7	12.1

AREA AND POPULATION

The administrative county consists of two municipal boroughs, 20 urban districts and 9 rural districts. Population density varies from 15.2 persons per acre in Hebburn U.D. in the north-east to 0.08 in Weardale R.D. in the west. The area consisting of Jarrow M.B., Hebburn and Felling U.D.s differs from all other parts of the administrative county in that it has a population density of 13.5 persons per acre. All other areas are markedly more rural, none having a population density greater than 4.4 persons per acre.

The Registrar General's population estimate for mid-year 1972 shows an increase of 2,550 compared with the previous year. The age/sex structure of the population mirrors that of England and Wales, the proportion who are of working age being almost identical. Slight but not statistically significant differences are noted at either end of the age scale, children being relatively more frequently represented in the administrative county while pensioners are relatively more rare (Fig. (i)).

Fig. i. Population pyramids in England/Wales and Administrative County of Durham
(Based on 1971 Census)



The publication of the detailed 1971 Census permits a more critical examination of the population trends which have occurred during the intercensal period. The population shift from west to east which was a feature of the 1950's and 60's, as mines closed, has persisted (Fig. iii). The main growth areas are the new towns of Newton Aycliffe and Washington and also Durham City and its environs.

BIRTHS AND BIRTH RATES

(i) *The declining birth rate*

The adjusted birthrate of 15.1 per 1,000 population (Registrar-General's comparability factor=1.02) is the lowest recorded for the administrative county and is in line with national trends. Local adjusted rates range from 11.6 in Durham City to 19.4 in Jarrow M.B. The largest difference between the standardised rates during the year occurs in Washington U.D. where the birth rate is 18.9 and the death rate 11.5. In Tow Law U.D., standardised death rates exceed birth rates for the third successive year.

(ii) *Child health indicators*

The stillbirth rate for the administrative county, 12 per 1,000 total live and stillbirths, is the same as that reported for England and Wales. The infant mortality rates are slightly higher, 19 compared with 17 deaths per 1,000 live births and the perinatal mortality rate is 23 compared with 22 for England and Wales (Fig. iia). The area of potential improvement in child health occurs in the first four weeks of life.

The birth wastage rate (the number of stillbirths and deaths under 1 year of age per 1,000 live and stillbirths) is 31, the same as last year, compared with 29 for England and Wales (Fig. iib).

PERINATAL MORTALITY RATE PER THOUSAND TOTAL BIRTHS

Fig. iia.

PERINATAL MORTALITY RATE—(Stillbirths and Deaths Under 1 week/1,000 Live and Stillbirths) 1948-72

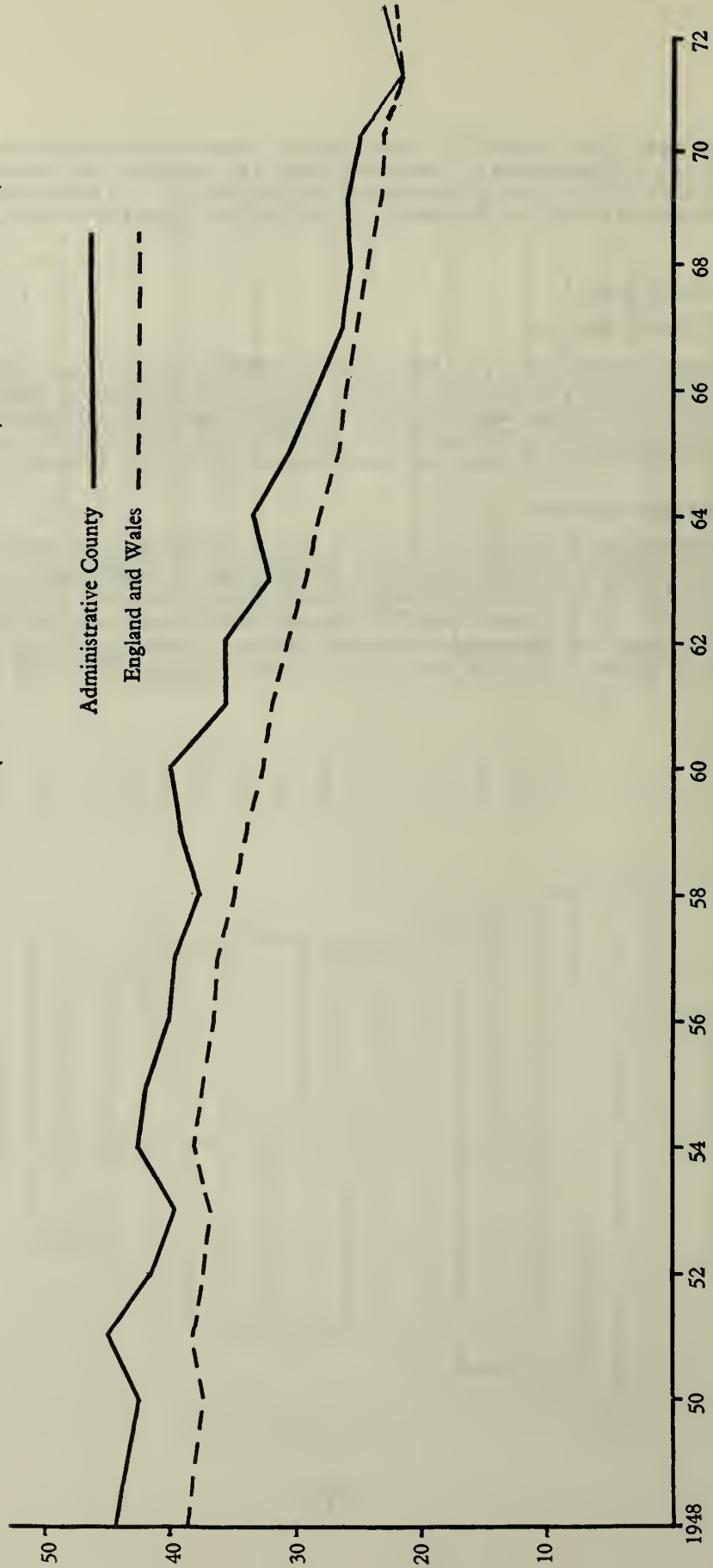
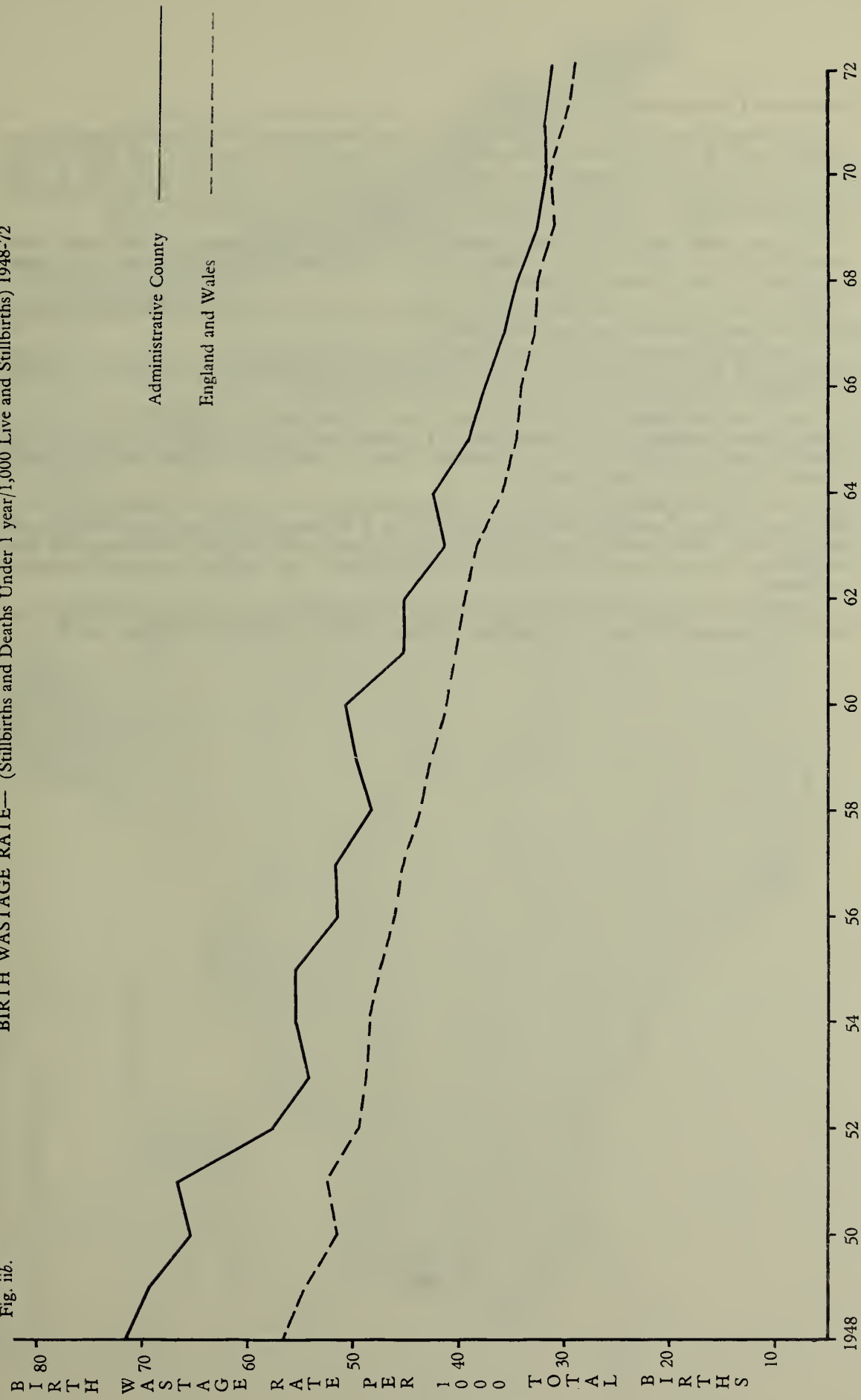


Fig. iib. BIRTH WASTAGE RATE— (Stillbirths and Deaths Under 1 year/1,000 Live and Stillbirths) 1948-72



DEATHS AND DEATH-RATES

The adjusted death rate for the administrative county, after applying the Registrar General's comparability factor of 1.11, is 13.7 per 1,000 population compared with 13.6 last year. The national death rate is 12.1 and since deaths reflect the experience of a population born some 60-70 years ago it seems probable that Durham is still showing the effects of past poor social and economic conditions. The ratio of local adjusted death rate to national rate is now 1.13, the lowest recorded in the last 10 years.

The main single cause of death was ischaemic heart disease which accounted for 27.2% of all deaths (males 29.9%, females 24.1%). This is a slight increase on last year due to relatively more male deaths. The sex ratio of 1.45:1 reflects this increase.

The second most common cause is cerebrovascular disease which comprises 14.5% of all deaths. Figures have been consistent over the last 10 years.

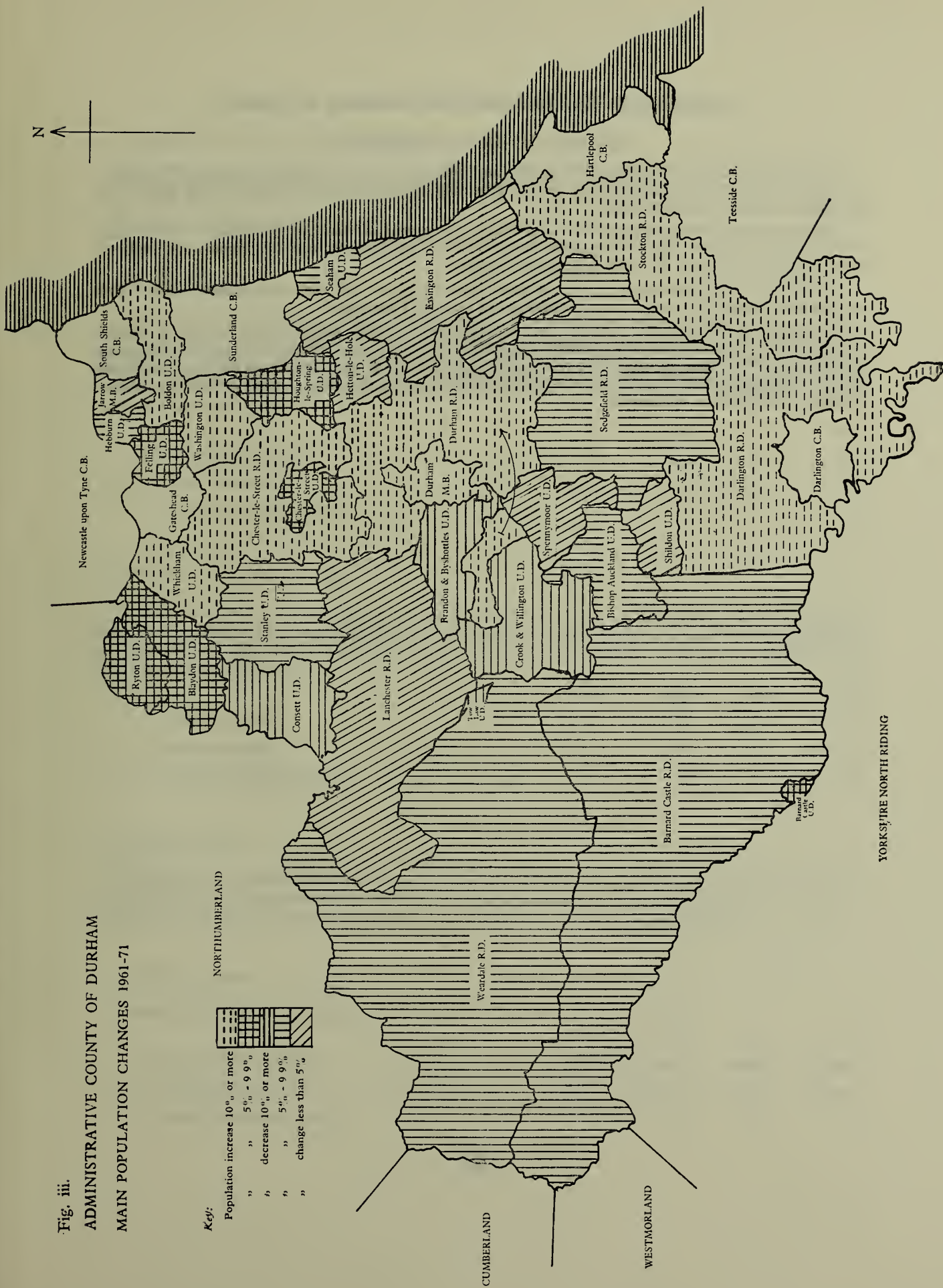
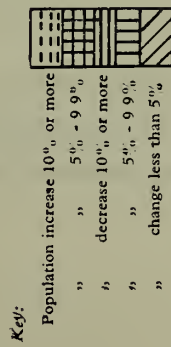
Pneumonia comprised 7% of all deaths and bronchitis and emphysema 6.1%. The sex ratio for the latter condition was 4.5 male deaths : 1 female death, indicating a predominant cause of death in males. The number of urban : rural deaths was 2 : 1.

Lung cancer accounted for 39.5% of all cancer deaths in men and 9.9% in women. The sex ratio in this condition is 4.8 male deaths : 1 female death. The figures are very similar to those reported last year. Overall, a possibly significant urban/rural difference occurs ($p < 0.0250$), lung cancer comprising 5.4% of "urban" and 4.2% of "rural" deaths.

Deaths from road accidents, at 1.1% of all deaths showed no change over the last few years. Deaths from all other forms of accident decreased slightly to 2.0% of all deaths. Suicide was the cause of 1 in 200 deaths. In these violent causes of deaths, road accidents and suicide were twice as common in males while no difference between the sexes was noted in "other accidents". No significant urban/rural differences were noted.

In Part III of this report, Table 2 gives a comparison of the percentages of deaths in certain age groups from the beginning of the century and further mortality statistics are provided in Tables 1 and 3.

Fig. iii.
ADMINISTRATIVE COUNTY OF DURHAM
MAIN POPULATION CHANGES 1961-71



SECTION B—NATIONAL HEALTH SERVICE ACT 1946

SECTION 21—HEALTH CENTRES

The health centres at Peterlee, Felling, Boldon, Dunston, Chilton, Hetton-le-Hole and Washington continued to operate satisfactorily during the year providing both local authority health services and general practitioner services under one roof.

Adaptations to Newton Aycliffe child health clinic, completed in March, provided accommodation for two general practitioners, and in October the health centre at Back Cheapside, Spennymoor was completed, providing accommodation for seven general practitioners.

Building is at an advanced stage on the new health centres at Hebburn and Barnard Castle. These centres are scheduled for completion in February and May 1973 respectively.

The projects at Eaglescliffe, Stanhope and Coundon are in varying stages of planning, but as a result of an indication by the Department of Health and Social Security that loan sanctions will not be forthcoming during the 1973/74 financial year there will inevitably be a delay in the provision of the proposed health centres at Houghton-le-Spring, Chester-le-Street, Belmont, Bishop Auckland, Crook, Sedgfield, Shildon, Stanley, Whickham and Willington.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

A. MATERNITY AND CHILD HEALTH CLINICS

In accordance with County Council and Government policy, no further purpose built local authority clinics have been opened since 1967, the aim being to develop local authority community health care within existing clinics and health centres.

1. *Ante-natal clinics.*

The number of expectant mothers attending the local authority clinics for antenatal care again declined during 1972. The majority of mothers now receive antenatal care from their general practitioners and the local authority midwives working together in the doctors' surgeries. The number of centres at which antenatal sessions are held has now been reduced to six and expectant mothers, on request, can be examined by local authority medical officers during child health sessions. Details of attendances for the past four years are as follows:—

					1969	1970	1971	1972
No. on clinic register	...	...	...	...	721	452	162	138
Total attendances	...	...	...	...	2,082	1,698	1,294	761
Average attendance/session	...	...	...	...	4	4	6	5

2. *Mothercraft and relaxation classes*

Classes were held at 38 child health clinics and are popular with patients and general practitioners alike. The advantages and beneficial effects of this specific type of health education and of practising relaxation became increasingly evident to both participants and doctors. Attendances compared with previous years are as follows:

					1969	1970	1971	1972
Mothers attending	...	...	...	...	1,896	1,924	1,463	1,351
Total attendances	...	...	...	...	10,299	9,605	9,817	8,748
Average attendance/session	...	...	...	...	5	5	6	6

3. *Postnatal clinics*

Examination of mothers six weeks after confinement was carried out at child health clinics either at special clinics when family planning advice is also available or during one of the other sessions. The post-natal clinics held at five centres were attended by 51 mothers on 71 occasions during 1972.

4. *Child health clinics*

Details of the attendances were:—

					1969	1970	1971	1972
No. on clinic registers	...	...	...	...	31,082	33,067	36,848	35,480
Total attendances	...	...	...	...	153,283	170,300	161,565	143,198
Average attendance/session	...	...	...	...	21	24	29	30

5. *Mothers' Clubs.*

These clubs continue to be held with the advice and help of health visitors. There are now 17 clubs run by mothers and held either fortnightly or monthly in child health centres.

6. *Health visitor sessions.*

Health visitor sessions for hearing tests continued. These sessions were also utilised by mothers by appointment to discuss family and other problems. Total attendances were 13,265, the average per session being ten.

7. *Family Planning*

The family planning services in the administrative county during 1972 continued to be carried out, in the main, on an agency basis by the Family Planning Association at clinics in both local authority and hospital premises. A limited direct County Council service also continued at seven local authority clinics. In April, the direct service at the Birtley clinic was extended to offer all family planning facilities except intra-uterine devices. The Family Planning Association service continued to expand during the year and sessions commenced in County Council premises at Ryton, Ferryhill, and Spennymoor. It is hoped that further clinics at Bishop Auckland, Framwellgate Moor and Crook will commence early in 1973.

On 31st December, the total number of clinics at which family planning facilities were available was 23 (16 Family Planning Association and 7 County Council direct clinics). The number of cases attending the local authority clinics during the year was 341, and the number of attendances was 869.

Numerous factors have influenced the form of the development of the family planning service in the administrative county in recent years. These have included the increasing acceptance by the public of the need for such a service, available more freely, and the encouragement from the government to increase facilities. Recent circulars have urged local authorities to expand the service and, so far as this county is concerned, a grant of £7,500 per year for five years was made for this purpose under the Urban Programme grant scheme.

Because of the shortage of local authority staff, particularly medical officers, able and willing to participate in family planning clinic sessions, the local authority direct service has grown very slowly and we have relied in the main on the very satisfactory expansion of the service provided by the Family Planning Association. As our agents, they have supplemented our services.

Because of possible regional administrative changes in the Family Planning Association service and the rapidly increasing cost to the local authority for the approved agency services provided, it was felt that the time has arrived when consideration should be given to the streamlining of the service and the extension of the County Council's direct service to meet, so far as possible, existing requirements in the administrative county.

With this in mind, the following suggestions and observations were accepted by the Health Committee to be implemented from April, 1973:—

- (1) Staffing—Since enquiries suggested a willingness on the part of FPA staff and voluntary workers to participate in an extended county service, it was arranged that they be transferred to be employees of the local authority where appropriate.
- (2) Financial aspects—Investigations showed that it would be no more expensive, and probably less expensive to undertake family planning as a County Council service, but would have the advantage of ensuring a comprehensive service with similar standards and rates of charge at all clinics.

8. *Congenital malformations and the observation register.*

(a) *Congenital malformations.*

All new born children, live or stillborn, with congenital malformations observable at birth are notified to the Office of Population Censuses and Surveys. In 1972, a total of 327 malformations were reported in 218 children whose parents were resident in the administrative county.

The distribution of malformations was not significantly different from that observed last year, nor was there any marked variation from national figures. Of the 327 malformations, 27·2% referred to defects of the central nervous system 23·9% to malformations of limbs mainly talipes; and 15·0% to defects of the alimentary tract with cleft lip and cleft palate predominating.

(b) *Observation Register.*

The computer based observation register which was introduced at the beginning of 1971 aims to detect, as early in life as possible, children considered to be at risk of developing a physical, mental, social or emotional handicap. Observation factors include congenital malformations and were selected on both clinical and statistical grounds of their likely association with a subsequent handicap. The mechanics of the scheme were described in my last report.

The following are some results of the second year's evaluation of the scheme:—

(i) The mean percentage of births registered for observation during 1972 was 31·7, 4% higher than that indicated by the 1971 report. It has been necessary to streamline the "deregistration" process so that children who pass all follow-up tests by a certain age can be removed from the register provided there is no other medical contra-indication. It is anticipated that numbers will stabilise.

(ii) The vast majority of children requiring registration for observation were found from information given on the birth notification card and, consequently, are registered very early in life. During 1972, only 5·5% were registered after the age of 6 months. Five children were registered after their fourth birthday, less than half as many as last year.

(iii) The geographical variation in the percentage of live births registered for observation noted last year has decreased substantially and registration is now fairly uniform throughout the administrative county. Much of this improvement is due to better completion of birth notification cards by the hospital staff.

<i>Data</i>						<i>% omitted from birth notifications</i>	
						1971	1972
Birth weight	...	...	...	...	...	0·6	0·3
Length of gestation	...	...	...	...	...	42·6	27·3
Maternal age	...	...	...	...	...	37·1	26·9
Birth order	...	...	...	...	...	43·8	28·2

Errors of omission occur mainly in returns from hospitals outside the administrative county and are, of course, mainly due to non-standard notification procedures.

(iv) Socio-economic factors are still inconclusive and further advice has been given to staff on the classification of occupations.

(v) The list of reasons for registering children for observation was as follows:—

<i>Reason for observation</i>	<i>Percentage of all reasons for observation</i>	<i>Cumulative Percentage</i>
Gestation period less than 39 or greater than 41 weeks	33·6	33·6
Birth order greater than 3	20·7	54·3
Toxaemia with hospitalisation	9·4	63·7
Birth weight less than or equal to 2,250 g. ...	6·9	70·6
Anoxia at birth	6·7	77·3

<i>Reason for Observation</i>	<i>Percentage of all reasons for observation</i>	<i>Cumulative percentage</i>
Congenital malformation... ..	4.4	81.7
One-parent family	4.3	86.0
Maternal age younger than 17 years or 40 years and older	3.6	89.6
Other non-classified factor (specified)	2.8	92.4
Haemorrhage during the 3rd trimester	1.1	93.5
Maternal blood rhesus negative with antibodies	1.1	94.6
All other reasons, each less than 1%	5.4	100.0

Evaluation will continue with the aim of measuring the yield of handicaps from single and multiple observation factors. Data collected along with immunisation data will be used on the school medical card from September 1973 so that school medical officers will have the benefit of the preschool information which is now on the County Council computer.

9. *Welfare Foods*

It is again a pleasure to acknowledge the valuable contribution made by members of voluntary committees associated with child health clinics and health centres, in accepting responsibility for the distribution of welfare foods. 71 centres are currently used for this purpose. At the end of the year, National dried milk and vitamin preparations were obtainable from 109 points including all child health clinics and 13 other premises.

The recognised distribution of cod liver oil and orange juice was ended during 1971, the former commodity being replaced by Vitamin A, D, C, drops and the latter by reconstituted Vitamin A, D, C tablets. Sales of cod liver oil and orange juice continued independently of the national welfare foods scheme, until stocks were exhausted.

The following statement shows issues during the year together with comparative figures for 1970 and 1971:—

	1970	1971	1972
National dried milk (tins)	37,258	32,519	43,733
Orange juice (bottles)	185,237	210,309	60,199
Cod Liver Oil (bottles)	14,921	6,670	—
Vitamin A D C drops	—	18,950	28,487
Vitamin tablets (packets)	8,676	7,018	4,001

B. DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN.

Treatment for the priority Dental Service was carried out at 20 permanent clinics and 7 mobile dental vans.

Attendance figures for 1972 were:—

	Mothers.	Children.
First visits	20	408
Subsequent visits	39	161
Total visits	59	569
Additional courses of treatment commenced	3	15
Fillings	30	241
Teeth filled	29	222
Teeth extracted	11	89
General Anaesthetics	1	32
Emergencies	1	1
Patients X-rayed	7	—
Prophylaxis	14	41
Teeth otherwise conserved	—	18
Courses of treatment completed	15	186
Patients supplied with full upper or lower denture (First time)	—	—
Patients supplied with other dentures	1	—
Number of dentures supplied	—	—
First inspections	17	513
Requiring treatment	16	163
Offered treatment	16	163

C. DAY NURSERIES

From January 1st, 1971, overall responsibility for this service was transferred to the Director of Social Services. The Health Department retain responsibility for medical supervision.

D. CHILD MINDERS

Since January 1st, 1971, responsibility for this service was transferred to the Director of Social Services. The Health Department retain medical responsibility for the health of persons applying to become child minders and questionnaires are scrutinised by medical staff and recommendations made to the Director of Social Services.

The total registrations at the end of March, 1973, consisted of 94 child minders and 181 playgroups.

E. COUNTY FEDERATION OF VOLUNTARY WORKERS

The Federation continued its activities during the year, including responsibility for the sale of proprietary foods in 65 child health clinics in the County. Quarterly meetings were held at which members heard talks given by medical members of the health department.

A special meeting was held to enable me to outline proposals on the reorganisation of the health service.

Two representatives attended the annual National Maternity and Child Welfare Conference held at Norwich University in June.

F. PERINATAL MORTALITY

During the year there were 287 perinatal deaths (stillbirths plus deaths in the first week of life) compared with 298 in 1971. This represents a perinatal mortality rate of 23 per 1,000 total births compared with a rate of 22 for England and Wales.

G. PREMATUREITY

The number of premature live births was 723, a decrease of 142 compared with 1971. The proportion of all live births which were premature was 5.9% compared with 6.6% in the previous year.

The neonatal mortality rate for premature babies was 121.7 per 1,000 premature live births compared with a rate of 14 for mature infants.

Details of premature births according to place of delivery and birth weight are as follows:—

Weight at Birth.	Born in Hospital.			Born at home or in a nursing home.					
				Nursed entirely at home or in a nursing home.			Transferred to hospital on or before 28th day.		
	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.
2 lb. 3 oz. or less ...	22	19	86	2	2	100	—	—	—
2 lb. 3 oz.— 3 lb. 4 oz. ...	61	27	44	1	—	—	—	—	—
3 lb. 4 oz.— 4 lb. 6 oz. ...	132	22	16	3	—	—	1	—	—
4 lb. 6 oz.— 4 lb. 15 oz. ...	174	9	5	1	—	—	1	—	—
4 lb. 15 oz.— 5 lb. 8 oz. ...	316	9	3	8	—	—	1	—	—
Totals ...	705	86	12	15	2	13	3	—	—

Care of premature infants born at home

This situation is avoided wherever possible. Nevertheless equipment for the home nursing of premature infants is available at short notice to any midwife who requires it and includes lined "sorrento" cots with mattress, blankets, sheets and hotwater bottles.

Special care units for premature infants now operate at Bishop Auckland General Hospital, Dryburn Hospital, Durham and Shotley Bridge General Hospital, Consett. If in other areas, institutional care is desirable, the general practitioner arranges admission to a paediatric unit.

The above three hospitals also each maintain an incubator at a controlled temperature ready for immediate use by the County Ambulance Service in transporting premature infants to hospital. Similar provision also exists at ambulance depots in Darlington, Gateshead, Hartlepool, Newcastle upon Tyne, South Shields and Sunderland, all of whom have expressed a willingness to cover such emergencies in the peripheral area of the County.

H. MATERNAL MORTALITY.

The following are details of maternal mortality in the administrative county from 1963—1972:—

		<i>Births registered (live and still).</i>	<i>No. of Maternal deaths.</i>	<i>Maternal Mortality Rate. per 1,000 births registered.</i>
1963	...	17,983	4	0.22
1964	...	18,087	2	0.11
1965	...	17,940	4	0.22
1966	...	17,293	2	0.12
1967	...	16,288	2	0.12
1968	...	13,506	7	0.52
1969	...	12,975	3	0.23
1970	...	12,993	2	0.15
1971	...	13,282	Nil	Nil
1972	...	12,323	3	0.24

During 1972, there were three maternal deaths, all of which occurred in hospital. Two were due to anniotic fluid embolism, and the third to air embolism complicating early pregnancy.

I. MATERNITY LIAISON COMMITTEES

During the year, meetings of Maternity Liaison Committees were held at Sunderland, Darlington, Bishop Auckland and Gateshead and attended by members of the medical staff.

SECTION 23—MIDWIFERY

(i) STAFF.

At the end of the year, 60 full-time and 1 part-time district midwives and 7 district nurse/midwives (who spend approximately one third of their time on midwifery duties) were employed. During the year relief work was undertaken by three midwives. No difficulty was experienced in recruiting staff except in the South-West area.

The policy of aligning staff to general practice or, where this is not possible, of giving each midwife a specific case-load, has proved to be extremely popular and leads to increased job satisfaction. Close working relationships are established with general practitioners and the mother is assured of continuous medical and midwifery care.

Car allowances were paid to 58 district midwives who used their own cars on duty.

The following numbers of midwives gave notice of intention to practise in the administrative county during 1972:—

District Midwives	...	...	...	...	...	78
District Nurse/Midwives	...	...	...	...	...	6
Midwives in hospitals	...	...	...	...	...	123
Midwives in private practice	...	...	...	...	...	1
						<hr/> 208 <hr/>

(ii) CASES.

Although the trend towards hospital confinement continues in line with the policy recommended in the Peel Report, much of the care is given in the community and the mother spends only a limited time in the hospital. The proportion of planned early discharges within 48 hours of confinement increased and a system of visits by midwives to check hospital ante-natal defaulters led to closer liaison with hospital staff. A minimum of two domiciliary visits were paid to each mother. In early discharge cases, the midwives assumed care of the mother and baby for at least the first 10 days.

	1970	1971	1972
Domiciliary confinements during the year*	2,004 (15%)	1,553 (12%)	1,250 (10%)
Total hospital confinements*	11,035 (85%)	11,688 (88%)	11,018 (90%)
Hospital patients discharged before the tenth day	7,652	7,572	8,382
Percentage of hospital deliveries	69%	65%	76%
Hospital patients discharged within 48 hrs. of delivery	1,661	1,923	1,733
Percentage of hospital deliveries	15%	16%	16%

* All confinements occurring within administrative county irrespective of mother's domicile.

Midwives continued to attend relaxation and mothercraft classes at child health clinics, every member of staff having been trained in relaxation and actively participating in mothers' classes.

The practice of Guthrie testing for phenylketonuria continued and during the year two positive results were obtained.

(iii) COURSES, TRAINING AND ARRANGEMENTS FOR THE FUTURE

The administrative county staff undertake Part II midwifery training of student midwives from Bishop Auckland General Hospital and Thorpe Maternity Hospital. These students spend three months on the district as well as attending lectures and demonstrations.

Great interest is being shown in the integrated training scheme run in collaboration with Dryburn Hospital. This scheme may, in time, replace parts I and II C.M.B. training. The integrated training lasts for a period of one year including holidays. Student midwives spend the first 16 weeks in hospital, followed by 12 weeks on the district and a further 19 weeks in hospital. Results show that the students work well and gain in self confidence as the course progresses and that the general practitioner alignment scheme assists greatly in giving them an insight into community nursing.

Ten teaching midwives have given students excellent practical tuition throughout the year. 27 candidates undertook the Central Midwives' Board examination and all passed. In addition, a series of lectures by the local authority staff gave the students an outline of more specialised work.

Refresher courses were attended by 24 district midwives in accordance with C.M.B. regulations. In-service training in other disciplines were included in order to widen horizons. All domiciliary midwives have attended a family planning appreciation course.

For the future, cross-boundary arrangements with other authorities, which operate successfully in the South-West, will be extended. The policy of integrating staff at both field and headquarters levels will continue, all staff being aware of the importance of providing an effective community nursing service.

SECTION 24—HEALTH VISITING

(i) STAFF.

The shortage of health visiting staff, particularly in the northern part of the County, continued to be a problem and staff are again to be commended for their efforts in providing at least skeleton cover in all areas where shortages remain. At the end of the year there were 108 full-time and 13 part-time staff in post.

All twelve student health visitors in training successfully passed their examinations and have now been allocated to areas. Eight applicants for student places were considered suitable for the 1972/73 training course.

General practitioner/health visitor liaison scheme: By the end of the year the alignment of health visitors with general practitioners was virtually complete.

Cross boundary arrangements for visiting continued with the Teesside area.

(ii) WORK-LOAD.

The health visitor is normally engaged in most aspects of the Health Department's work, and to avoid repetition only a brief summary of the work load will be presented here:—

Health Education

Health visitors were again assisted by the staff of the health education section in the planning of programmes and demonstrations. Work continued in schools and also in weight watchers clubs which met in local authority premises and to which general practitioners referred patients. Two health visitors continued contact tracing and health education in co-operation with the venereal disease service.

Screening tests

Health visitors continued to seek out children at special risk of developing handicaps in later life, obtained information for the Observation Register, and screened children both in child health clinics and in their own homes for the early detection of hearing defects. They also maintained close liaison between parents, general practitioners and paediatricians in cases of suspected phenylketonuria and advised parents on dietary control of positive cases.

The Aged

Health visitors continued to visit the elderly, and every effort is made to maintain these people in their own homes. Staff are actively involved with both statutory and voluntary agencies to work to this end.

Tuberculosis

Advice continued to be given by health visitors to patients and their families and close liaison was maintained with chest clinics, especially in the tracing of contacts.

Immigration

Immigration remains a very minor problem in this county. All arrivals are notified to me by the medical officer at the port of entry and health visitors make early contact with the immigrants to offer assistance to them in settling in their new lives. Health visitors also explain the benefits available from the Department of Health and Social Security and advise the immigrants that any health problems—particularly in relation to symptoms of chest disease—should be referred to their general practitioner without delay. Frequently the period of supervision of an immigrant family becomes lengthy, and in consequence the health visitor becomes both friend and adviser to the family.

Maternity and Child Health

Health visitors are involved in antenatal, postnatal and child health clinics, and work with midwives in mothercraft and relaxation classes. They were also available to discuss and assist with special problems, advise on immunisation, and care and after-care on discharge from hospital. Special attention was given to unmarried mothers and their children.

Mentally Subnormal

In co-operation with general practitioners and social workers support was given to mentally subnormal patients and their families.

Research projects

The health visitor is a particularly valuable field research worker in that her training conditions her to view problems objectively and take an active interest in all aspects of the health service. During the year health visitors in the Barnard Castle area assisted in a national survey into the nutrition of certain groups of children.

(iii) TRAINING

Health visitors have become increasingly involved in the training of hospital student nurses, student health visitors, and other post-registration groups; the aim being to produce community orientated personnel.

Regular in-service training of staff included courses on health education, home safety, family planning, care of the mentally subnormal and care of patients discharged early from hospital after surgical operations.

Courses organised by outside bodies and attended by County staff included fieldwork instruction, first-line management and refresher courses.

Summary of cases visited by health visitors :—

Children born in 1972	...	...	...	...	...	...	...	12,139
Other children aged under 5	...	...	...	...	...	...	...	54,541
Persons aged between 5 and 16 seen as part of health visiting	...	...	...	...	...	...	...	3,507
Persons aged between 17 and 64	...	...	...	...	...	...	...	11,299
Persons aged 65 and over	...	...	...	...	...	...	...	16,314
Households visited on account of tuberculosis	...	...	...	...	...	...	...	1,187
Households visited on account of other infectious diseases	...	...	...	...	...	...	...	326
Households visited for any other reason	...	...	...	...	...	...	...	5,184
Total								104,497
Number of mentally handicapped included above	...	...	...	...	...	...	...	495
Number of mentally ill included above	...	...	...	...	...	...	...	355

SECTION 25—HOME NURSING

(i) STAFF

By the end of 1972 staff consisted of 129 whole-time district nursing sisters, 4 part-time district nursing sisters, 10 state enrolled nurses and 7 part-time staff who were district nurse/midwives, spending approximately two-thirds of their time on home nursing duties.

All district nursing sisters are now either aligned to general practices, or in only a few instances where this is impracticable, are given specific case loads. As in the case of midwives, the alignment has resulted in improved patient care, more skilled work for the sisters as general practitioners realise their potentialities, closer working relationships and increased job satisfaction. Not surprisingly, recruitment has become much easier, enabling a greater degree of selectivity to be exercised.

District nursing sisters now have their local headquarters in health centres and clinics which may be regarded as the focal points of an integrated nursing service. All equipment is kept in the local headquarters and, since most is disposable, maintenance work is largely eliminated.

(ii) CASES

The total workload undertaken by district nursing sisters is detailed in Table 5. The classifications in this table differ from those of previous years as a result of record keeping changes introduced following an Organisation and Methods survey carried out during the year.

The number of cases under five years of age treated in health centres has increased. 46% of the total number of patients attending were aged 65 years and over.

District nursing sisters are not supported by a physiotherapy service and, in order to gain insight and experience in rehabilitation techniques which are of vital importance to these patients, sisters have attended a course of lecture/demonstrations by a physiotherapist. In addition they have attended a number of in-service training courses to widen their knowledge.

(iii) COURSES, TRAINING AND FUTURE ARRANGEMENTS

A total of 21 students from the nursing services were seconded to undertake nurse training. All were successful in their examinations. Practical work instruction is undertaken by local authority staff for day release students from hospital as well as those taking a course of district nurse training. In-service training for all staff and refresher courses, when required, are organised by headquarters' staff.

The General Nursing Council in its 1969 syllabus recommended that each nurse during training should be seconded to gain experience in community nursing. Negotiations have now been completed and up to ten students from each of five training schools in the administrative county will undertake a period of ten weeks community nursing during 1973. Consultation has also taken place with Winterton hospital, and each psychiatric nursing student will in addition undertake two weeks of community training during the year in accordance with General Nursing Council recommendations. Informal exchange visits between senior nursing staff in hospitals and in the community services have taken place during 1972. In one hospital group it has been arranged that nurses of ward sister level will spend five days working in the community, while senior community nurses undertake a five day refresher course in hospital.

For the future, cross-boundary arrangements involving collaboration with neighbouring authorities are expected to lead to a further integration of staff with North Yorkshire, Cleveland and Gateshead.

NURSING SERVICES GENERAL

Mayston Nursing Structure

In accordance with the proposals of the Mayston Report, the County Council nursing structure has been reorganised (Fig. iv). Since the implementation of the Report, the administrative establishment excluding Easington R.D.C. has comprised:—

- 1 Director of Nursing Services
- 3 Divisional Nursing Officers
- 1 Training Officer (D.N.O.)
- 7 Area Nursing Officers
- 14 Nursing Officers

It is anticipated that, in 1974, the Tyne Wear Metropolitan division comprising the three areas based at Birtley, Hebburn and Houghton will be lost to the administrative county, the Northern division will gain the Easington area, and the Southern division will gain Darlington C.B., and Startforth R.D.

Fig. iv. MAYSTON NURSING STRUCTURE APPLIED TO THE ADMINISTRATIVE COUNTY OF DURHAM

Local government district in 1974	Sanitary districts	Population Census, 1971	Nursing administrative areas/headquarters	Nursing administrative divisions
L.G. No. 1. Derwentside	Consett U.D. ... Stanley U.D. ... Lanchester R.D. ...	36,015 } 41,945 } 14,146 }	Stanley	
L.G. No. 2. Chester-le-Street	Chester-le-Street U.D. ... Chester-le-Street R.D. (pt)	20,568 } 29,353 }		
L.G. No. 4. Durham	Durham M.B. ... Durham R.D. ... Brandon U.D. ...	24,776 } 40,018 } 16,844 }	Meadowfield	North Popn. 331,956
L.G. No. 5. Easington	Easington R.D. (pt) ... Seaham U.D. ...	84,747 } 23,544 }		
L.G. No. 3. Wear Valley	Weardale R.D. ... Crook and Willington U.D. ... Tow Law U.D. ... Bishop Auckland U.D. ...	7,994 } 21,487 } 2,549 } 33,295 }		
L.G. No. 6. Teesdale	Barnard Castle U.D. ... Barnard Castle R.D. ... Startforth R.D. ...	5,228 } 15,885 } 3,415 }	Bishop Auckland	South Popn. 276,213
L.G. No. 7. Sedgefield	Spennymoor U.D. ... Shildon U.D. ... Sedgefield R.D. ... Darlington R.D. (pt)	19,063 } 14,500 } 35,019 } 23,498 }	Spennymoor	
L.G. No. 8. Darlington	Darlington C.B. ... Darlington R.D. (pt)	85,938 } 8,342 }		
Metropolitan C.	Blaydon U.D. ... Ryton U.D. ... Whickham U.D. ... Chester-le-Street R.D. (pt) Felling U.D. ...	31,990 } 14,757 } 28,758 } 17,462 } 38,616 }	Birtley	
Metropolitan D.	Jarrow M.B. ... Hebburn U.D. ... Baldon U.D. ...	28,907 } 23,597 } 23,920 }	Hebburn	Tyne Wear Metropolitan County (part) Popn. 282,296
Metropolitan E.	Hetton U.D. ... Houghton U.D. ... Washington U.D. ... Easington R.D. (pt)	16,871 } 32,678 } 24,057 } 683 }	Houghton	
Cleveland	Stockton R.D. ...	13,287		Cleveland (part) Popn. 13,287

SECTION 26—VACCINATION AND IMMUNISATION

Smallpox Control: Although primary smallpox vaccination at the age of 14 months was withdrawn from the County Council schedule in August 1971, 702 children under 16 years received primary smallpox vaccinations. A number of these vaccinations were given because of travel requirements abroad and the remainder because the parents wished their children to have this protection in early childhood.

Rubella Scheme: Arrangements for the vaccination against German measles for all girls between their 11th and 14th birthdays were continued during the year. The Department of Health and Social Security scheme extended the list of eligibles to include certain groups of women of childbearing age who requested it and were found to be seronegative, women in the post-partum period found during their pregnancy to have been seronegative and to seronegative women at special risk either of acquiring rubella or of transmitting it to others. Women considered to be at special risk include school teachers, nursery staff, nurses and female doctors in children's hospitals, obstetric and gynaecological units and ante-natal clinics. After discussions between the medical officers of health in the North East Region and representatives both of the Regional Hospital Board and the Department of Health it was found that there were insufficient facilities to extend the present scheme to include the new groups.

Diphtheria, Pertussis, Tetanus, Poliomyelitis and Measles protection schemes: The computer-based control of vaccination and immunisation extends to all parts of the administrative county, the records of all children born on or after 1st January, 1967 being stored in the County Council I.B.M. 370/145 computer. An additional facility, a visual display unit, was allocated to the department in 1971 and has increased the efficiency of the service by its assistance in the immediate recall of data.

As explained in my last report, changes were made in the County Council's immunisation schedule in accordance with the Department of Health and Social Security's recommendations and these changes interrupted for a short time the production of reliable statistics. Evaluation of the computer scheme is now possible and I am pleased to report progress in the protection of children against whooping cough, diphtheria and poliomyelitis:—

Percentage of children vaccinated by the age of 2 years

<i>Year of Birth</i>	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Poliomyelitis</i>
1968	61	62	61
1969	73	74	72
1970	80	81	80

Consent rates to one or more forms of protection are running currently at 96%.

Most of the teething problems have now been ironed out of the computerised vaccination and immunisation scheme, leaving the manual stage as the weakest link in the system. Consequently, if protection rates are to maintain a high level every effort must be made to ensure that staff are aware of the need for immediate action on reporting dates of vaccination, changes of address, and any other changes in a child's circumstances.

Much credit for the improvement in protection rates goes to the Central Amendment of Data Scheme devised by the Research Section and implemented with enthusiasm by the field staff. As reported previously, it is unfortunate that many courses of inoculation are started and not completed, often because a family has moved to a different address. At one stage, 16% of computer records were suspended for this reason and remedial action was required before any improvement in protection rates could be expected.

The Central Amendment of Data system was devised to ensure that

- (a) Field staff had a specific course of action to take in cases of removal and
- (b) Central office staff would instantly recognise changes of address and all relevant sections would be notified thereby removing the necessity of duplicating notifications of changes of address.

The effect of this system has been twofold—firstly it has removed the burden of repeated requests for information on the whereabouts of families from field staff, and, secondly, by keeping central records up-dated less immunisation appointment cards fail to be delivered and consequently sessions are better attended.

To supplement this system small red cards were printed to be given to parents by the health visitor at the first visit. The cards request information on removal should the family at some future time move house.

Records suspended by the computer because contact has been lost with the patient have been reduced to 6% and this result is particularly commendable considering the shortage of field staff in many areas. Computer applications are efficient methods of listing children and recalling them for routine procedures but considerable effort is required to maintain a system successfully. For this reason, computers do not cause redundancy but rather enrich jobs and increase job satisfaction.

SECTION 27—AMBULANCE SERVICE

PRESENT ARRANGEMENTS.

The service operates through a central control at Framwellgate Moor, Durham, and 17 ambulance depots. At the end of the year the operational staff in post numbered 369 and the fleet comprised 140 vehicles, details being as shown below. Where the authorised establishment figure varies from the number in post, it is indicated in brackets alongside.

(a) Headquarters and Central Control Staff.

Ambulance Officer.	8 Assistant Controllers (Operations) (9).
1 Deputy Ambulance Officer.	1 Assistant Controller (Planning).
1 Assistant Ambulance Officer (Personnel and Training).	14 Control Clerks.
1 Assistant Ambulance Officer (Control and Communications).	1 Switchboard Operator.
3 Controllers (Operations).	
1 Controller (Planning).	

(b) Depots.

	<i>Driving Staff.</i>	<i>Vehicles.</i>		<i>Driving Staff.</i>	<i>Vehicles.</i>
Barnard Castle ...	4	2	New Herrington ...	25	8
Bishop Auckland ...	29	10	Newton Aycliffe... ..	15 (16)	5
Chester-le-Street ...	18	7	Seaham	16 (17)	6
Consett	17	6	Stanley	18 (19)	7
Crook	16 (17)	5	St. John's Chapel ...	2 (4)	2
Durham	32 (34)	12	Washington	18	6
Fishburn	20 (21)	7	Wheatley Hill	33	10
Hebburn	30	11	Winlaton	25	9
Middleton-in-Teesdale	2	1	Headquarters Pool ...	—	26

(c) Other Staff.

14 depot superintendents, 3 mechanics.

To ensure that peripheral parts of the county are covered for emergency purposes the County Council has arrangements with the County Boroughs of Teesside, Darlington, Hartlepool and South Shields, whereby the Borough ambulance services undertake journeys for the County Council. Teesside County Borough does not make a charge for this service, but the remaining County Boroughs make a mileage based charge. Darlington also charges a minimum call-out fee.

WORK UNDERTAKEN IN 1972 COMPARED WITH 1971

Year.	No. of Journeys made.	No. of patients carried.			Total Mileage covered.
		Stretcher cases.	Sitting cases.	Total.	
1971	90,048	53,018	361,472	414,490	2,783,249
1972	91,578	57,047	361,923	418,970	2,792,807
Increase	1,530	4,029	451	4,480	9,558

Long Distance Journeys. The following is a statement of long distance journeys undertaken during the year:—

Cumberland	...	...	...	...	28	Lancashire	...	...	...	...	1
Dumfriesshire	...	...	...	...	1	Yorkshire	...	...	...	...	25
Totals :					Journeys	...	...	55			
					Mileage	...	...	8,821			

In addition to the long distance journeys undertaken by ambulances, arrangements were made for 74 patients to be transported by rail. Trends and detailed statistics from 1963 are shown in Table 8, Part III.

VEHICLES

The following is an analysis of the ambulance fleet at the end of the year.

Year of Manufacture	Type of Ambulance		
	Conventional	Dual Purpose	Multipurpose
1964	2	—	—
1965	18	1	—
1966	4	18	—
1967	7	26	—
1968	1	14	—
1969	—	16	—
1970	4	5	—
1971	14	—	—
1972	8	—	2
TOTAL	58	80	2

All conventional and dual purpose ambulances in the fleet were constructed by the same manufacturer.

Vehicles are replaced according to a six-year cycle, although delivery of new vehicles is slow because of the small number of manufacturers available. At present there are 79 vehicles on order, 32 conventional ambulances and 47 dual purpose vehicles.

REPAIR AND MAINTENANCE OF VEHICLES

The planned maintenance scheme arranged with the County Engineer and Surveyor was put into operation during the year.

Weekly safety checks and 3,000 mile checks are undertaken at the depots by the three peripatetic mechanics employed for that purpose. 6,000 mile checks and major repairs are undertaken at the County Surveyor's Central Repair Depot.

EQUIPMENT FOR AMBULANCES

Resuscitation and suction equipment, a portable analgesic machine (Entonox), sets of inflatable and spinal splints, and scoop stretchers are included as part of conventional ambulances equipment. Ambulance trolleys are now replacing stretchers when new vehicles are brought into service.

Many of these features were added to the service in response to Ambulance Service Advisory Committee guidance commended to local health authorities by the Department of Health and Social Security in circulars L.H.A.L. 2/71, 12/71, 21/71, and 50/71.

PRODUCTIVITY BONUS SCHEME

Further consideration of a productivity bonus scheme confirmed that there is no scope for the introduction of such a scheme into Durham ambulance service. Circular N.A.C. 5, issued by the National Ambulancemen's Council, indicated that the Council intends to set up a working party including serving ambulancemen to review the wages structure for the service with a view to establishing an inclusive wage scale.

TRAINING

Places for Durham County ambulancemen are available for six week basic training courses at the West Riding of Yorkshire Training School, Cleckheaton and the North East Ambulance Training Centre, Newcastle upon Tyne.

During 1972, 16 students were seconded to the West Riding Training School, and 26 to the North East Training Centre. Of the 42 students attending these courses 34 were successful in passing the course examination, three failed the examination, and four failed to complete the course because of illness. In addition a further 11 men with over five years service and who had received no previous training attended the North East Training Centre course.

A further six ambulancemen with 2-5 years service attended a two weeks' course in early 1972, all of whom successfully completed the course.

Refresher courses were commenced during the year at the North East Training Centre for men who had received previous instruction in 1969 and earlier. 15 men attended these courses.

Students were also seconded to an instructors course at Wrenbury Hall, Cheshire and two relief depot superintendents who satisfactorily completed the course, were involved in instructing at induction courses for new entrants and in-service training programmes held at Ambulance Headquarters.

Durham County ambulancemen continued to participate in the Ro.S.P.A. safe driving scheme.

COMMUNICATIONS

(a) Telephones—Ambulance Headquarters is equipped with a PABX 1 switchboard with nine exchange lines, one direct line to Dryburn Hospital, Durham and one out-of-area line to Bishop Auckland. There are also direct lines from Police and Fire Brigade Headquarters independent of the switchboard.

Within the central control complex there are two sets of key and lamp units, six units in the operations room, and six in the planning room. Each unit has six extensions, the operations room series being different from the planning room series. The operations room units have two exchange lines in addition to the 999 line. The effect of this is that outgoing calls can be made without using the lines on the PABX board, thus preventing the board becoming overloaded and possibly being blocked in an emergency.

(b) Short wave radio—the existing radio equipment is currently being replaced by a more sophisticated short wave system. The system, which operates through four sites and covers the geographical County and North Yorkshire, uses data transmission rather than vocal communication, although a facility for vocal communication is incorporated for use when necessary. Two digital time recorders give a print-out of all transmissions to and from mobiles. It was expected that the new equipment installation would be completed during 1972, but installation problems have resulted in delays. The equipment should be fully operational by mid-1973.

(c) Telex—three standard Telex machines operate in central control, and each depot has one such machine.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER CARE

I. TUBERCULOSIS

Notifications of respiratory tuberculosis in 1972 were the lowest ever recorded in the administrative County, 0.16 per 1,000 population. Both notification and death rates have declined steadily for over 20 years and details are shown in Table 12. The sex ratio has risen steadily over the years, and in 1972 2.53 notifications of respiratory tuberculosis in men were received for every one recorded for women. This sex ratio increases with age, probably indicating the greater tendency for healed lesions in older men to break down.

Notifications of non-respiratory tuberculosis were also the lowest ever recorded and comprised of 21 cases compared with 167 twenty years ago.

II. VENEREAL DISEASES

Statistics show that the incidence of venereal disease appears to be increasing throughout the world. Gonorrhoea is now the commonest communicable disease in America and, in 1971, 121 persons per 100,000 of the population of England contracted the disease. Syphilis is also reported to be showing a slight increase, although this is much less marked than that reported for gonorrhoea. Venereal diseases present a difficult epidemiological problem because of under reporting—many consult their general practitioner only and official statistics may underestimate the incidence by 30–50%.

Locally, treatment centres for venereal diseases are provided by a number of hospitals in the region, and the physicians-in-charge kindly supply statistics which are used in the compilation of Table 13, Part III of this report. The choice of treatment centre may be dictated by many factors and no inference can be drawn from these statistics about the distribution of venereal disease within the administrative county.

This year, the number of cases treated at the Hartlepool and Stockton centres decreased, due primarily to staffing difficulties. The male clinic at Hartlepool was, in fact, closed from the end of June. Overall, the number of new cases of syphilis continued to decrease marginally, while new cases of gonorrhoea increased from 336 to 345. Nationally, as explained above, an increase in both diseases *may* be expected and in particular, an increase in gonorrhoea in teenage girls.

Contact tracing is of the utmost importance and direct assistance in this work continues to be provided by two health visitors of the County staff. Details of their work are strictly confidential and they report directly to the treatment centres.

A Health Department information service on venereal disease commenced in March. A pre-recorded message giving information on the cause and physiology of the disease, together with details of treatment centres available can be obtained by telephoning Durham 66619. Between March 21st, when the system was installed, and December 31st, 37,000 calls were received. Apart from monitoring the total number of calls answered, the system is strictly confidential and no attempt is made to contact the caller. Not all these calls were necessarily from those who had exposed themselves to infection but may be regarded as an introduction to health education on this subject.

III. CANCER

Table 14 gives details of deaths from cancer occurring in the administrative county during 1972. A comparison of mortality from all forms of cancer for the administrative county and England and Wales for the past ten years is as follows:—

YEAR	Administrative county		* England and Wales	
	Deaths	Rate per 1,000 population	Deaths	Rate per 1,000 population
1963	1,941	2.00	103,810	2.21
1964	1,912	1.97	106,194	2.24
1965	1,980	2.03	107,770	2.26
1966	2,100	2.14	109,557	2.27
1967	1,986	2.10	111,671	2.31
1968	1,801	2.19	113,936	2.35
1969	1,834	2.22	116,035	2.38
1970	1,850	2.25	117,085	2.39
1971	1,921	2.34	116,897	2.40
1972	1,926	2.34	118,950	2.43

* Provisional figures supplied by Registrar General

Accuracy in reporting the cause of death has improved in recent years and deaths from cancer which were formerly categorised as non-specific are now allocated more frequently to a definite site. This may be reflected to some extent in the growing number of notified deaths from lung cancer but it appears that this cause of death is showing a real increase—a fact which is a matter of great concern. Associated with the rising death rate from cancer of the lung, there appears to be a lowering of the sex ratio, female deaths attributed to this cause becoming relatively more frequent. No other significant trends in cancer deaths are apparent.

MORTALITY FROM LUNG CANCER IN ADMINISTRATIVE COUNTY FROM 1963—1972 INCLUSIVE

YEAR	Number of deaths			Total death rate per 1,000 population	Sex ratio	
	Males	Females	Total		Male	Female
1963	405	52	457	0.47	7.8	1
1964	422	58	480	0.49	7.3	1
1965	407	63	470	0.48	6.5	1
1966	449	60	509	0.52	7.5	1
1967	441	81	522	0.55	5.4	1
*1968	378	60	438	0.53	6.3	1
1969	373	65	438	0.53	5.7	1
1970	386	67	453	0.55	5.8	1
1971	430	91	521	0.64	4.7	1
1972	412	86	498	0.61	4.8	1

* Population reduced by boundary changes

Cervical Cytology

During the year, the policy of providing evening sessions for cervical smear tests, according to demand, was maintained. The availability of the service was published in the local press and advice given by nursing staff in the normal course of their duties. The number of sessions held in 1972 declined for two main reasons. First, smears are also taken by general practitioners, at hospitals and at family planning clinics and second, the number of sessions held at clinics serviced by the laboratory at Queen Elizabeth Hospital, Gateshead had to be limited because of difficulties in obtaining laboratory staff and the increase in the workload. Table 15 represents the work undertaken at local authority clinics.

It has been national policy since 1966 to introduce free cervical cytology screening services and to encourage women of 35 years of age and over to attend. General practitioners are only paid for smears taken from women in that age group. Any woman in any age group, however, may attend a local authority clinic and receive the service.

In 1972, only 7.4 smears were taken per 1,000 female population of 15 years and older. Not unexpectedly, because of Government policy, the number screened was highest in the 35-39 years age group. Of a total of 2,333 smears, seven positive results were obtained (0.3%). The ages of the women who had positive results were as follows:—

25-29 years	...	...	...	...	...	1
30-34 years	...	...	...	...	...	1
35-39 years	...	...	...	...	...	2
40-44 years	...	...	...	...	...	1
45-49 years	...	...	...	...	...	2
						<hr/> 7 <hr/>

Considerable help and co-operation was given by consultant pathologists at the various laboratories to which the smears are sent for examination and by volunteers of the British Red Cross Society and the St. John Ambulance Association Nursing Corps who assisted at the clinics.

IV NURSING EQUIPMENT

The system of maintaining a central store of equipment and appliances at County Hall with a local store of smaller articles at Chester-le-Street continues. Separate provision is made at Easington where the rural district council administer the service under a delegation of functions. Issues are made on a free loan basis on the recommendation of a doctor, health visitor, district nurse or medical social worker, delivery and collection being undertaken by three vans which are also used for the conveyance of welfare foods. During the year more than 70 different types of requisites were issued. Rising cost of replacements and a widening of demand and types of equipment have led to a considerable increase in the cost of maintaining this service. During the year this necessitated an additional allocation of funds.

V. HEALTH EDUCATION

The work undertaken by the section has developed into three main areas of activity:—

1. *Consultative*: to a wide range of persons and organisations including health department staff, educational establishments, community groups and national agencies.
2. *Supportive*: to maintain and support the implementation of health education programmes in schools, hospitals and clinics.
3. *Creative*: to produce a wide range of aids, programmes and projects in order to maintain activity in health education.

STAFFING

At the end of the year the staff in post in this section was one health education officer, four assistant health education officers and four administrative assistants.

One assistant health education officer was seconded to the Diploma in Health Education course for one academic year commencing September 1972.

It is hoped to employ a further assistant health education officer and a technical assistant during 1973.

ORGANISATION OF WORK

The policy of giving each assistant health education officer a specific area of work as part of his overall duties has proved successful. A great deal of liaison work has been undertaken with the emphasis on establishing good relationships with outside agencies, as a result of which the role of the section has changed from service on demand to that of consultation.

(1) *Educational establishments*.—A total of 470 schools were involved in health education activity in co-operation with the section and many accepted organised programmes. Health visiting staff were encouraged to become involved in health education work in schools and advice on programme compilation and lesson content increased considerably during the year.

Teachers' centres, technical colleges and colleges of education were particularly active in requesting health education talks and information. A total of 222 students visited the section as part of project studies and to seek help.

Details of work in educational establishments are shown in the school health section of this report.

(2) *Hospitals and Industry*.—Liaison with hospitals developed rapidly in 1972. Several hospitals requested regular lectures for student nurses and allowed groups to visit the section. Nurse training schools made use of visual aids and three hospitals allowed waiting rooms to be used for display purposes. The Health Education Officer was invited to lecture at study days and conferences at Dryburn and Winterton hospitals. Invitations to attend conferences and in-service training courses in County Hall were extended to hospitals and to a number of industrial establishments. The majority of factories continued to receive posters and leaflets and close liaison was maintained with the occupational health service.

(3) *Clinics and Field Staff*.—Support of the health department field staff continued during 1972. Instruction on the use of visual aids and equipment continued and it is hoped that all field staff will have received instruction by mid 1973. A further increase in the use of visual aids was effected during the year. A Family Planning and Venereal Diseases exhibition was sited in 20 clinics on a two week rota basis. Field staff continued to undertake the majority of lectures given to school and adult groups, although the section staff gave 278 lectures to a total audience of 12,382 during the year. The Health Education Officer was invited to lecture at two local conferences and visited Leeds University in December to address the Diploma in Health Education course students.

(4) *Communications*.—The appointment of an assistant health education officer responsible for all aspects of communications was made in November. The revised health department handbook was distributed during the year, and a new edition of the visual aid handbook was printed. Five new resource packs were compiled on such topics as smoking and dental health. Three new film slide sets were produced; "The District Nursing Sister", "The Midwifery Sister", and "Leisure".

The section has undertaken to catalogue and service the medical library and the distribution of periodicals.

The Health Education Officer took part in a number of topical health programmes on Radio Durham.

In March, an information service on venereal disease commenced. A pre-recorded message giving information on the cause and physiology of venereal disease and details of treatment centres are available in response to dialling the telephone number Durham 66619. The unit is sited within County Hall and provides a 24 hour private and confidential service. To advertise the service 4,000 P.V.C. display notices were distributed to public houses, community centres and general practitioners and the service was further advertised through weekly notices in three local newspapers. Response will be monitored by noting periodically the number of patients visiting treatment centres as a result of the information service compared with the total number of calls recorded. During the period 21st March to 31st December 1972 a total of 37,000 calls were received. A number of other local authorities have requested details of the service.

(5) *Exhibitions and Displays*.—Four Marley Haler Display Units were purchased and were used extensively in clinics and schools. Exhibitions were mounted at five local agricultural shows:—

Consett	...	...	...	...	...	...	Venereal Disease
Seaham	...	...	...	...	...	...	Hazards of Cigarette Smoking
Sedgefield	...	...	...	...	...	...	Planned Parenthood
Wolsingham	...	...	...	...	...	...	Venereal Disease
Stanhope	...	...	...	...	...	...	Planned Parenthood

Further displays mounted in County Hall, Durham Technical College and Winterton Hospital were focused on modern health hazards and cigarette smoking.

(6) *In-Service Training Courses, Conferences and Meetings*.—An extensive in-service training programme was undertaken. In April a "Planning for Family Happiness" conference held in County Hall was attended by 140 health department staff, teachers and general practitioners. Courses entitled "Health Education in Practice", "Home Safety", "Communications", and "Horizons of Health Education" were attended by a further 130 health and education staff. Extending invitations to hospital, education and industrial staff to attend courses continued. Section staff attended courses in York on "Sex Education in Schools", in Brighton on "Alcoholism", in London on "Stopping then Starting", and in Newcastle upon Tyne on "Health in Education".

In July, following approaches from the Health Education Council and in co-operation with Durham Technical College, arrangements were made to organise a Health Education Certificate Course at the college in September 1973. The 33 week one day weekly course is an advanced one and neighbouring authorities will be invited to nominate students. A maximum of sixteen students will attend and will be tutored jointly by the staff of Durham Technical College and the health education section.

In September, a World Health Federation Student employed as a National Health Educator by the State of Israel visited the section for one day.

In November, following a request from the London Borough of Waltham Forest, their Health Education Officer was a guest of the section for three days to observe the management of the County's health education services.

(7) *Campaigns*.—In March, a venereal disease information campaign was launched.

In May/June, an Anti-Smoking campaign was organised. 10,000 posters and 30,000 leaflets were distributed and a large programme of talks was organised in schools and community groups in the Durham and Seaham areas where five-day smokers' clinics were organised.

In October/November, a Planned Parenthood information campaign, supported by the Health Education Council, was undertaken. It comprised:

(i) the distribution of posters and leaflets—2,000 agencies were provided with 10,000 leaflets and 3,000 posters,

(ii) use of a mobile unit supplied by the Health Education Council for in-service training of staff and community leaders, and then for a four week intensive campaign during which time the unit was open to the public and visited sixteen townships in the County. The unit was staffed by a technician from the Health Education Council, an assistant health education officer and two health visitors,

(iii) talks to community groups by health visitors,

(iv) the dissemination of information to educational establishments as described in the school health section of this report.

Community lectures were well attended and most people visiting the mobile unit were between the ages of 16 and 30 years.

VI CHIROPODY

The policy of providing a free chiropody service for the aged and for handicapped persons, either through directly operated clinics or through clinics organised by grant-aided voluntary bodies, continued during the year. In an effort to further extend the capacity of the service, the establishment of chiropodists was increased from 15 to 20, the number of officers in post having increased from 8 to 10 by the end of the year. In addition, there were 11 chiropodists directly employed on a sessional basis at the end of the year; the same as at the beginning of the year. The development of this much-needed service is severely handicapped by the difficulty in recruiting and training staff. Consequently, the possibility of setting up a training school within the county area to serve the whole of the North-East has been vigorously pursued and a favourable outcome is anticipated. Should this scheme not be realised, however, county sponsorship of suitable candidates on courses at established training centres in other areas is another possibility.

The two mobile chiropody clinics continued to make a valuable contribution to work output, but again their full potential cannot be realised until the staffing situation improves.

During the year, the number of clinics run by voluntary organisations decreased from 26 to 25, and the organisations received £8,786.39 in grant aid, compared with £12,223.89 in 1971.

Compared with the 65,414 treatments provided in 1971, the number in 1972 increased to 72,963. An analysis of the work done is as follows:—

	<i>Direct Services</i>	<i>Voluntary Organisations</i>	<i>Easington R.D.</i>	<i>Total</i>
Treatment centres	100	25	8	133
Persons treated:—				
Aged persons	12,792	5,152	1,039	18,983
Handicapped	84	23	—	107
Treatments:—				
Aged persons	44,046	18,593	3,494	66,133
Handicapped	351	97	—	448
Staff in post at 31st December:—				
Chief Chiropodist	1	—	—	1
Chiropodists (whole-time)	9	—	1	10
Chiropodists (part-time)	11	8	—	19

In addition, 1461 residents in hostels for the elderly were given 6382 treatments.

VII PROVISION OF INCONTINENCE PADS

The demand for disposable incontinence pads increased during the year and the number of pads issued was 333,428 compared with 275,212 in 1971.

These were issued as nursing aids to the incontinent elderly and physically handicapped and also to a proportion of the younger age group with a mental handicap.

SECTION C—INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Table 16 Part III gives particulars of cases of infectious diseases notified during the year, and I would refer particularly to the following:—

Diphtheria, Poliomyelitis and Whooping Cough

For the fourteenth successive year there have been no confirmed cases of diphtheria and for the fifth successive year there have been no confirmed cases of acute poliomyelitis. Whooping Cough notifications have declined from 162 in 1971 to 24 during 1972. Protection rates against these diseases are improving and sustained efforts are made to encourage parents to take advantage of the immunisation and vaccination scheme. The present situation continues to reflect favourably on the response.

Measles

Over 86% of all infectious diseases notified in 1972 (4,287 of 4,956) were due to measles, the notification rate being 5 per 1,000 population, an increase on last year's figure but lower than that recorded two years ago. Figures below give details of notification rates for the past ten years.

Year	Notification Rate per 1,000 population						
1963	17
1964	6
1965	11
1966	8
1967	9
1968	8
1969	2
1970	8
1971	1
1972	5

A recent W.H.O. publication (Weekly Epidemiological Record 1973 : 48 : 253) reported consistently high numbers of measles notifications in Costa Rica from 1969-73 following a very low figure achieved after a vaccination campaign. It is frequently quoted that a vaccination rate of 95% of all children under two years of age is required to break the normal transmission cycle but another interesting point stressed was the need for vaccination coverage in small towns and rural areas because such areas may experience severe outbreaks though at longer intervals. So far no correlation is noted in the administrative county between notification rates and density of population or protection rates but it is clear that further effort will be required before measles are eliminated.

Dysentery and Food Poisoning

No outbreaks of dysentery occurred during the year. Food poisoning notifications declined from 78 last year to 57 in 1972, the only mild outbreak occurring in Sedgfield R.D. in the second quarter of the year.

SECTION D—INSPECTION AND SUPERVISION OF FOOD AND DRUGS

1. MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

At the end of the year there were two plants processing milk in the administrative county, both of which were authorised to use the special designation "Pasteurised". Both plants are of modern design. The total quantity of milk treated is approximately 42,500 gallons per day. Regular inspections of these dairies are made and satisfactory standards maintained.

Both dairies have washing, filling and capping lines with automatic decrating, recrating and stacking. These lines operate at rates of up to 280 bottles per minute, and while satisfactory, such a rate is indicative of the practical difficulty of 'spotting' unsatisfactory bottles which have been returned to the dairy in such a condition as to be incapable of being satisfactorily cleansed by the washer.

Misuse of bottles continues, and the number of complaints of unsatisfactory bottles being delivered to consumers is generally the same as in previous years. Daily, the dairies licensed by this council wash and fill some 375,120 bottles. With modern washing and filling equipment, these numbers present no difficulty, provided that empty bottles have been rinsed immediately after use, returned promptly and not used for any other purpose than as milk containers.

Although the county is a specified area in which only milk of a special designation can be sold, exception is made as a last resort. Where no such supplies are available the Ministry of Agriculture and Fisheries issue a "Consent" licence enabling a retailer to dispense with the requirements of the Order. During the year six such consents were in operation. The amount of milk covered by these consents is very small and only serves the needs of people living in isolated houses.

Routine samples continue to be taken by County Health Department staff of milk delivered to schools and children's homes. Four samples failed the methylene blue reduction test (keeping quality). On investigating the reason for the failures it was considered that a contributory factor was the arrangements for delivery and storage at the schools and appropriate recommendations were made. One complaint has been received concerning the condition of a bottle of milk delivered to a school. Appropriate action was taken.

At the request of four Hospital Management Committees, routine samples are taken of milk delivered to hospitals in their group.

Under the above regulations the County Council as the Food and Drugs Authority has the duty of licensing and supervising all dealers in milk, the number licensed being as follows :—

No. of current licences at 1.1.72	(i) 'B' Licences	...	...	...	4
	(ii) 'E' Licences	...	...	...	1,646
No. issued during the year	(i) 'B' Licences	...	...	...	1
	(ii) 'E' Licences	...	...	...	272
No. cancelled during the year	(i) 'B' Licences	...	...	...	Nil
	(ii) 'E' Licences	...	...	...	129
No. of current licences at end of the year					1,794

Details of the results of all examinations of samples of milk are given in Table 17, Part III.

To ensure that the arrangements for handling and storing milk are maintained at a satisfactory level, some 289 inspections of premises have been made. These have resulted in the provision of 17 new and improved premises, and a further 24 cold storage units have been installed. A total of 164 cold storage units are now in operation.

The policy of relating routine sampling to the quantity and designation of milk sold by the various dealers has continued, to avoid as far as possible duplication but at the same time to spread the work over the areas of the various county districts. Each local authority is furnished with a monthly report of all samples taken within its area. 3,642 samples have been taken.

The one sample that failed the phosphatase test was an isolated case and investigation gave no indication of the cause of the failure. Where a sample failed the methylene blue test, an investigation was made, appropriate advice given and a repeat sample taken. If a repeat sample of untreated milk from a producer/retailer failed the test the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food was also informed. At the end of the year there were 108 producer/retailers in the County.

Sampling of untreated milk for antibiotics has continued in keeping with the previous procedure of concentrating on untreated milk on retail sale. 682 samples of untreated milk have been submitted to the Public Health Laboratories for antibiotic examination, four of which contained antibiotics in excess of the accepted figure. Appropriate action was taken in each case.

2. FOOD AND DRUGS ACT, 1955—SECTION 31.

Samples of untreated milk are being obtained and submitted to the Public Health Laboratories for biological examination for the presence of tubercle bacilli, and brucella abortus which can cause contagious abortion among cattle and undulant fever in man. The results of the 224 samples have been received and are shown in Table 17. The one positive result refers to a sample of untreated milk obtained from a producer/retailer which proved positive on culture. Appropriate action was taken in conjunction with officials of the Health Department of the local authority concerned and the producer's Veterinary Officer.

Brucellosis.

The Brucellosis Incentive Scheme continues with more herds being registered and supervised.

The Chief Inspector of Weights and Measures reported that six samples of milk from three suppliers were found to be either deficient in milk fat, or showed evidence of added water. It was decided that two cases were suitable to take before the Justices, the remaining case being referred to the National Agricultural Advisory Service.

FOOD AND DRUGS ACT

The following statement shows the results of examinations carried out by the County Analyst during the year :—

								<i>No. of samples.</i>	<i>No. adulterated.</i>	<i>% adulterated.</i>
Milk	...	...	...	...	...	...	...	842	12	1.4
Other foods and drugs	...	...	...	...	...	...	...	2,857	132	4.6
								3,699	144	3.9
<hr/>										
Appeal to cow samples	...	...	...	...	...	...	...	...	...	2
Milk below presumptive standard but genuine	...	...	...	...	...	...	...	...	...	34

SECTION E—ENVIRONMENTAL HYGIENE

I. (a) *Bacteriological Laboratory Facilities.*

The Public Health laboratories situated at the General Hospital, Newcastle upon Tyne, Havelock Hospital, Sunderland, General Hospital, Middlesbrough and the Friarage Hospital, Northallerton, undertake examinations for the administrative county area.

(b) *Water Supplies.*

Piped water is supplied to the various parts of the administrative county area by the following water undertakers :—

Tees Valley & Cleveland Water Board
Durham County Water Board
Sunderland and South Shields Water Company
Newcastle and Gateshead Water Company
Hartlepoons Water Company.

Only small rural areas rely on local wells or springs.

Normal extensions of mains to housing estates and industry continue in all areas while work also proceeds in improving service reservoirs, treatment plants, etc. The increased demand for water both for domestic and industrial use in the area continues and further reservoir sites to augment supplies in the north east generally are under consideration.

Copies of results of analysis of water samples taken by local authorities are sent to the County Health Department and, where necessary, further investigations are carried out. Of 476 samples taken, 80 were classed as unsatisfactory. These unsatisfactory samples were generally from individual spring or well supplies to isolated farms or dwellings and in a number of instances repeat samples of those reported in previous years. Routine samples of supplies to schools, kitchens, dairies and similar establishments continue to be taken by officers of the department and have proved generally satisfactory. Where adverse reports were received they came from local supplies subject to variation in quality and quantity due to extreme weather changes.

As mentioned in my last report samples additional to those taken as routine measure for bacteriological examination, have been taken for chemical examination from supplies with a tendency to plumbo-solvent action, which do not pass through the treatment units of the major water undertakers, where appropriate action is taken to prevent plumbo-solvency. The results of the examination indicate no harmful effects from these supplies, but they merit further attention.

Schemes providing new or improved water supplies to certain areas have been submitted for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Fluoridation of Water Supplies.

The population living in the Hartlepool area have been drinking water containing a fairly high natural concentration of fluoride for a great number of years and the benefits of fluoride are now being extended to other parts of the county.

The Newcastle and Gateshead Water Company are continuing to add fluoride to water supplies treated by purification plants at Whitley Dene and Throckley. The dose is one part of fluoride per million parts of water and the chemical used is sodium silico fluoride. The area of the administrative county being supplied with this water includes Ryton Urban District and parts of Blaydon, Felling and Whickham Urban Districts and Chester-le-Street Rural District. (Population 103,000 approx.). Monthly samples are being taken for examination and are generally satisfactory, although due to the dock strike difficulty was experienced by the Company in obtaining normal supplies of sodium silico fluoride which is imported, and consequently over a short period the results of the examination of samples indicated a lower than normal fluoride content of this water.

The Durham County Water Board continue to add fluoride to water supplies treated by the purification plant at Honey Hill. Again the dose is one part of fluoride per million parts of water but in this instance the chemical being used is fluorosilicic acid. The area of the administrative county supplied includes Consett, Stanley and Chester-le-Street Urban Districts, parts of Blaydon and Whickham Urban Districts and parts of Chester-le-Street and Lanchester Rural Districts. (Population 156,000 approx.). Monthly samples are taken for examination and are generally satisfactory. Consideration is also being given by the Board to a proposed scheme which when implemented would approximately double the area of supply receiving fluoridated water.

II. (a) *Rural Water Supplies and Sewerage Acts, 1944-71.*

During the year the County Council continued to make grants towards the cost of approved schemes for the provision of piped water supplies and main drainage in the rural areas of the County. The following schemes were considered:—

	<i>Estimated Cost</i>
Weardale Rural District Council—West Blackdene Water Supply	£1,800
Darlington Rural District Council—Killerby Sewerage and Sewage Disposal Scheme	£9,900

In connection with Section 2(1) of the above Acts, a number of schemes were under consideration.

(b) *Drainage, Sewerage and Sewage Disposal.*

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works to enable the continued development of housing and industrial estates have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

County Council Properties—As requested by the County Architect and the County Surveyor routine inspections of sewage disposal works, sampling of effluents and submission of appropriate recommendations of properties not on main drainage have continued.

(c) *Local Government Act, 1958*

A number of applications for grant aid under Section 56 have been received from local authorities in respect of sewerage and sewage disposal schemes and the following schemes have been considered:—

	<i>Estimated Cost</i>
Chester-le-Street Rural District Council—Birtley, North Main Drainage Scheme ...	£166,000
Crook and Willington Urban District Council—Hunwick, Sunnyside and Crook Sewerage and Sewage Disposal Scheme	£900,000
Shildon Urban District Council—Shildon Sewerage and Sewage Disposal Scheme ...	£285,000

III. HOUSING.

A statement showing the housing situation in the administrative county, compiled from information supplied by district councils, is given in Table 18—Part III.

SECTION F—GENERAL

I. NURSING HOMES

During the year no applications were made to the County Council for the delegation of their powers to district councils under Section 194 of the Public Health Act, 1936. The following nursing homes are currently registered by the County Council:—

<i>Location</i>	<i>Description</i>
Eighton Lodge, Birtley	Home for unmarried girls maintained by Durham Diocesan Family Welfare Council.
'Milford', North End, Durham	Private nursing home for aged and infirm persons.
Rockcliffe Park, Hurworth-on-Tees	Chronic sick males.

II. RESEARCH AND STATISTICS SECTION

POPULATION DATA BANK

The organisation of demographic data, which is required as background information for all projects, is being updated using the 1971 County Census. The data bank now comprises age/sex distributions, social indicators, mortality statistics, morbidity statistics derived from Hospital In-Patient Enquiry returns and new sickness benefit claims, migration statistics, population trends and employment statistics which measure the density of jobs in any area.

Population data bank statistics are collated as required into local authority areas and district general hospital catchment areas. As far as possible, confidence limits are drawn so that unusual features are easily recognisable whether they concern an excess of infants or of pensioners living alone, poor housing or specific mortality or morbidity features. This method of working when applied to new sickness benefit claims was useful in tracing the course of a recent influenza outbreak throughout the county.

Population trends are discussed elsewhere in this report but it is of interest that comparison of the 1961 and 1971 County Censuses confirms the fact that the population of the administrative county is ageing. The proportion of the total population aged 65 years and older has increased from 10.5% in 1961 to 12.0% in 1971, approaching the national mean of 13.1%. When administrative changes become effective in April, 1974 the new county will become more rural, another feature associated with an ageing population. In terms of numbers, out of the total population of 814,400 persons there are now 66,230 persons aged 65-74 years and 32,140 aged 75 years and older.

COMPUTER APPLICATIONS

It seems likely that the present relationships between the County Council computer staff and the Research Section will be severed in 1976 when it is anticipated that all Health Service applications will be processed by a new Regional Health Authority I.C.L. computer in Newcastle upon Tyne. Efforts are being made to maintain continuity of service to the public and also to familiarise the Regional computer staff with the work at present undertaken in Durham. Time is short, in terms of development work and it is hoped that the Regional computer staff will soon be in a position to undertake work related to new projects.

At present, the two main computer applications, immunisation and vaccination and the observation register, which were described in my last report appear to be progressing well. The immunisation scheme, backed by the central amendment of data system, shows a reduction in records "suspended" because of missing addresses from 16% to 6% and a consequent improvement in protection rates. The results of the second year's evaluation of the observation register show a more uniform approach throughout the county so that more reliance can now be placed on the findings. In anticipation of the reorganisation of the National Health Service, Easington R.D.C. has been included in the two main computer applications since 1st January 1972. Liaison has been excellent and no major problems have occurred in this extension of the service.

The policy of making the greatest possible use of output from computer applications continues:—

(1) The Education Department are supplied with lists of handicapped preschool children so that both services and schools can be planned to accommodate this group. They are also supplied with lists of 4 year old children to assist in the compilation of the school census. In return, the Education Welfare Officers notify the Health Department of changes of address so that records can be updated before children start school.

(2) Data from the computer are used to select children by age and by area of residence for the London School of Hygiene and Tropical Medicine who are currently undertaking a nutritional survey on behalf of the Department of Health and Social Security.

(3) The principal senior dental officer is issued with lists of children two months before their third birthday so that they can be invited, by means of a birthday card, to have their teeth inspected and, also, to enable surveys of dental caries to be carried out before and after fluoridation of water supplies.

(4) Parents receive a record card summarising their child's level of immunisation against tetanus.

(5) General practitioners receive a record card each time a child has a vaccination or immunisation, each new card for an individual child replacing and updating the previous card issued. General practitioners also receive details of all children from their practices who are on the observation register.

(6) Similarly, departmental medical officers receive details of all children from their clinic areas who are on the observation register and this information is therefore available to health visitors.

In order to give school medical officers the benefit of the preschool data available on the computer, a new system will commence in September, 1973. The front page of the school medical card will be replaced by a page produced by the computer which will include accurate information about immunisations and vaccinations, details of any period on the Observation Register with reasons for observation and date of "deregistration", and "maternal" factors—birth weight, length of gestation, birth order and maternal age—in addition to the routine information on the card. It is hoped that, in time, it will be possible to link defects in vision, speech and hearing with observation and maternal factors. This new front page will be produced by the computer for every new school entrant and since it includes full identification details and has an adhesive backing will reduce clerical work in producing new medical cards. The front page will simply be applied to the front of blank cards. One reason for this somewhat compromise approach is that time is short before 1974 and a completely redesigned school medical record card requires central government approval. A second reason is that while there was no doubt about the advantages of including preschool data on the card, considerable doubt exists about the value of including all the present contents of the record card.

CHILD HEALTH CLINICS

Investigations aimed at evaluating the present clinic service and where necessary, updating it were described in my last report. In November, 1972, a meeting was held with the Research Section and the Child Health Section senior staff when it was agreed:—

- (i) that many clinics required rescheduling because of alteration in the workload over the years and that this measure should proceed forthwith.
- (ii) that a pilot study should be carried out and evaluated by the Research Section on Developmental Assessment Clinics.

Many child health doctors have been trained in developmental assessment and it was proposed to offer this type of local authority clinic facility to all children on general practitioners lists but not necessarily attending the local authority clinics. Support for the project was obtained from the Local Medical Committee and unless general practitioners specifically expressed a wish not to participate children on their lists are included in the scheme. The experiment started at Hurworth, Tanfield Lea, Spennymoor, Ferryhill, Chester-le-Street and Winlaton. Appointments are sent to mothers of children aged 6 weeks, 6 months, 1, 2, 3 and 4 years inviting them to bring their children for developmental examinations. To date, an appointments system has only been used sporadically in the Durham clinics and as well as evaluating the response of the public to the new service it will be of interest to measure the response to appointments and to the timing of those appointments. Early results appear to be encouraging but it is too soon to draw conclusions.

MISHAP REGISTER

It is very difficult to make a hard diagnosis of a "battered baby" but this is a current problem. After consultation with the paediatricians, social service staff, officers of the Society for Prevention of Cruelty to Children and the police and after discussion at the Local Medical Committee, it was agreed to request hospitals and general practitioners to complete forms on preschool children sustaining specified injuries. Strict confidentiality of all information is maintained within the department and only the specific general practitioner is given detailed information. Forms are processed in the Research Section and the hospital or general practitioner notified if a child appears more than once on the Mishap Register. The register is in its early stages but it is apparent that notifications are still incomplete and that further co-operation will be necessary if the system is to be useful.

EVALUATION OF THE CHILD HEALTH SERVICE

Large scale maps of enumeration districts used in the 1971 Census and tabulations of populations, by enumeration district, sex and age group are now available and, using the data already collected on the addresses of clinic attenders, it will be possible to draw an accurate catchment area for each clinic and to estimate the proportion of the resident child population who are clinic attenders. This information, together with the data already held, should enable the users to draw up plans for the child health service of the future.

REORGANISATION OF THE NATIONAL HEALTH SERVICE

Members of the Research Section have been active in the Joint Liaison Committee's Resources Working Group and have contributed to discussion papers on the Pattern of Districts for Durham Area Health Authority and to the Area Profile in collaboration with members of the Staffing and Finance Working Groups. Apart from the value of the work, experience has been gained in working in a multi-disciplinary team and in the utilisation of hospital statistics.

DEPLOYMENT OF STAFF

As mentioned in my last report, the acute shortage of medical staff has made it essential for doctors to delegate all nursing and clerical tasks to appropriate staff. As far as possible, immunisation procedures in local authority clinics are now carried out by nurses. Difficulties are experienced at present in recruiting suitable clerical staff so that the delegation of clerical tasks is not yet uniform throughout the administrative county. In areas where a competent clerk is at work, the medical and nursing staff enjoy the additional facility of portable dictating equipment (pocket memos) as well as modern office procedures.

AD HOC STUDIES

Studies completed during the year include:—

Investigation of the Health Department's tuberculosis registration procedures.

Feasibility Study: can accommodation and facilities for the practical training of chiropodists be provided within the administrative county?

Appraisal of the capital expenditure proposals for an expansion of the ambulance service.

Emergency ambulance calls: location of work-load.

Investigation of the work load and distribution of clinic attenders addresses for various health centres and clinics.

III. TEESSIDE AIRPORT

The County Council was directed by the Minister of Health to assume responsibility for the health control at Teesside Airport with effect from 1st December, 1964. Immediate medical cover is provided with the co-operation of three local general practitioners who have agreed to act as medical inspectors under the Immigration Act 1971 (which superseded the Commonwealth Immigrants Acts 1962/68 and the Aliens Order 1953 on 1st January, 1973.). These doctors, together with four senior members of my staff and myself, have been officially appointed as medical inspectors by the Home Office.

As required by the Public Health (Aircraft) Regulations, provision is made on a rota basis for one senior member of my medical staff to be on call at all times.

Airport staff, airline staff, immigration officials, H.M. Customs and Excise officials, and all medical staff involved are informed weekly of the name of the duty medical officer and all telephone numbers involved. In addition, a monthly list is issued based on World Health Organisation weekly epidemiological bulletins indicating world airports affected by smallpox, cholera, yellow fever, and plague. The Airport Director's office in return provides a weekly list of scheduled flights for each forthcoming week to enable my staff to know when their assistance is most likely to be required at the airport.

The statistics relating to passenger movement through Teesside Airport given below indicate a slight decline in the volume handled. It is anticipated, however, that British entry into the European Economic Community will increase the number of passengers travelling through the airport to European countries. There were no long-stay immigrants entering Britain through Teesside Airport during the year.

The experience gained as a result of the Spanish cholera outbreaks in 1971 (as reported in my last annual report) was discussed early in 1972 with all related staff at the airport and the procedure to be adopted in the event of a future outbreak agreed between all parties. Fortunately no outbreak of cholera occurred during the 1972 holiday season, so that the system has not yet been tested.

In March, outbreaks of smallpox occurred in Yugoslavia, Iraq, and Syria, none of which are served by Teesside Airport. All staff were warned that if flights were diverted to Teesside preventive measures would be required as an emergency, but in the event the outbreaks subsided without further involvement. These were the only major infectious disease outbreaks notified during 1972 which could have affected this airport.

In August, notice was received of the mass expulsion of East African Asians, and, whilst it was never very likely that Teesside Airport would be used as an intake point, the possibility always existed, especially at the climax of the episode when the numbers entering this country increased dramatically. With this in mind I thought it expedient to organise on a rota basis teams of doctors, nurses, and health visitors to be ready to travel to the airport at short notice. In fact the intake was adequately dealt with by London Stanstead Airport and my staff were not called to duty.

The following are details of passengers passing through the airport during the last five years, excluding internal flights. This information was supplied by the Immigration Office.

	1968	1969	1970	1971	1972
British passengers arriving	8,722	9,427	26,196	28,847	26,215
Commonwealth passengers arriving	52	178	67	65	78
Alien passengers arriving	420	1,642	525	333	502
British passengers leaving	8,756	12,098	29,616	28,596	26,886
Alien passengers leaving	346	1,339	649	288	385
	<u>18,296</u>	<u>24,684</u>	<u>57,053</u>	<u>58,129</u>	<u>54,066</u>

PART II

SCHOOL HEALTH SERVICE

GENERAL STATISTICS

The numbers given throughout the report relate to the administrative county area excluding the excepted district of Easington. Statistics relating to Easington appear in Dr. Rodgers' report.

SCHOOLS AND SCHOOL CHILDREN

<i>Type of School</i>										<i>No.</i>	<i>No. on Rolls January, 1973</i>
Nursery class part-time	...	...	...	...	...	...	...	...	...	—	209
Nursery	...	...	...	...	...	...	...	...	...	19	594 (full-time) 461 (part-time)
Primary	...	...	...	...	...	...	...	...	...	438	85,124 (full-time) 1 (part-time)
Secondary	...	...	...	...	...	...	...	...	...	97	52,078 (full-time) 1 (part-time)
Special schools:											
Day schools for educationally sub-normal	...	...	...	...	...	...	...	...	...	15	1,162
Residential schools for educationally sub-normal	...	...	...	...	...	...	...	...	...	3	
Residential schools for delicate pupils	...	...	...	...	...	...	...	...	...	1	
Residential schools for maladjusted boys	...	...	...	...	...	...	...	...	...	1	
Residential hospital schools	...	...	...	...	...	...	...	...	...	2	451
Total										576	140,081

(There is also a residential hostel for 15 maladjusted boys).

SPECIAL SCHOOLS

The number of pupils attending the County special schools in January, 1973, was as follows:—

(a) *For educationally sub-normal children (including former junior training centres):—*

Dinsdale Park Residential School	...	...	...	...	...	...	75
Elemore Hall Residential School	...	...	...	...	...	...	67
Walworth Castle Residential School	...	...	...	...	...	...	29
Bishop Auckland Day School	...	...	...	...	...	...	149
Dunholme Day School	...	...	...	...	...	...	104
Durham South View Day School	...	...	...	...	...	...	58
Hare Law Day School	...	...	...	...	...	...	110
Felling Day School	...	...	...	...	...	...	119
Houghton-le-Spring (Glebe) Day School	...	...	...	...	...	...	112
Houghton-le-Spring (Copt Hill) Day School	...	...	...	...	...	...	52
Jarrow Epinay Day School	...	...	...	...	...	...	92
Spennymoor Day School	...	...	...	...	...	...	93
Ferryhill Rosebank Day School	...	...	...	...	...	...	48
Chester-le-Street West Lane Day School	...	...	...	...	...	...	50
Hebburn Auckland Road Day School	...	...	...	...	...	...	52
Bishop Auckland Murphy Crescent Day School	...	...	...	...	...	...	44
Consett Villa Real Day School	...	...	...	...	...	...	45
Bleach Green Day School	...	...	...	...	...	...	49

(b) <i>For delicate children :—</i>									
Windlestone Hall Residential School	...	...	...	...	...	...	...	...	91
(c) <i>For maladjusted children :—</i>									
Redworth Hall Residential School...	...	...	...	...	...	...	...	...	46
(d) <i>Hospital schools :—</i>									
Earls House	...	...	...	...	...	...	...	...	81
Aycliffe	...	...	...	...	...	...	...	...	74
Total									1,640

SCHOOL HYGIENE AND SANITATION

Eight new primary schools were opened during 1972.

Alterations to existing schools to bring them into line with the Standards for School Premises Regulations were continued during the year. During the year, five schools were either provided with indoor sanitation or installation was proceeding.

Although satisfactory accommodation is provided in most new schools for the inspection of pupils by doctors, dentists and nurses, it is lacking in some of the older schools. Use of the purpose-built mobile inspection unit continues to be necessary in some of those schools where proper facilities are not available.

The policy of providing all schools with paper towels is in the process of being implemented.

MEDICAL INSPECTIONS

Routine medical inspections are restricted to pupils in the categories of school entrants, 10-plus age group and school leavers, but at all nursery schools and special schools, children are examined annually.

A comparison of the number of inspections carried out in each of the last five years is as follows:—

<i>Year</i>						<i>Routine Medical Inspection.</i>	<i>Special Inspections and Re-inspections</i>
1968	...	...	...	...	...	31,818	9,235
1969	...	...	...	...	...	35,631	13,386
1970	...	...	...	...	...	38,280	16,152
1971	...	...	...	...	...	36,792	17,776
1972	...	...	...	...	...	29,749	23,619

Full details of medical inspections and treatments are given in Tables 19, 20 and 21, Part III.

Physical Condition

The figures given below are derived from the individual assessments of all the school medical officers and are therefore not uniform. Nevertheless it is pleasing to record that the percentage found "unsatisfactory" remains below 1%.

CLASSIFICATION OF PUPILS INSPECTED AT PERIODIC MEDICAL INSPECTIONS, 1968-1972.

Year	Unsatisfactory	
	Number	Percentage
1968	178	0.56
1969	162	0.41
1970	124	0.32
1971	130	0.35
1972	119	0.40

SPECIAL INVESTIGATIONS AND VACCINATION AND IMMUNISATION OF CHILDREN AT SCHOOL

(a) *Vaccination against Poliomyelitis*

Arrangements made in previous years were continued. With the consent of their parents, school children were given immunising doses of oral vaccine by health visitors under the supervision of medical staff. The number of primary courses given was 1,279 and of reinforcing doses 2,797. For the fifth successive year there were no cases of poliomyelitis confirmed.

(b) *Immunisation against Diphtheria and Tetanus*

The figures for 1972 were:—

		<i>Diphtheria/Tetanus.</i>	<i>Diphtheria.</i>	<i>Tetanus.</i>
Primary Courses	...	1,100	12	—
Boosters	... ..	2,628	68	—

(c) *B.C.G. Vaccination*

Tuberculin testing and vaccination of all school children aged 11 years and over was carried out throughout the County by health visitors and medical officers. Of the 10,403 children skin tested, 430 (4.23%) were already tuberculin positive and therefore did not require vaccination. Protection against tuberculosis by B.C.G. vaccination was given to 8,998 children (8,694 negative reactors plus 304 1° positive reactors). Of the remainder 592 were absent on the day of vaccination 168 were not vaccinated for medical reasons, and 215 children who were 1° positive reactors were not vaccinated. (Heaf Grade 1 reactors are now regarded as not infected with M. tuberculosis and are given B.C.G. vaccination—Department of Health and Social Security Memo 322/B.C.G. (Revised 1972)).

(d) *Measles Vaccination*

During the year 808 children were vaccinated against measles at schools in four areas of the county. Records of children born on or after 1st January 1967 are on the computer and appointments for measles vaccinations are made at the age of 13 months.

(e) *Rubella Vaccination*

The scheme for the vaccination against rubella of girls between their 11th and 14th birthdays was continued and during the year, 3,831 girls were vaccinated at the secondary schools in the county.

(f) *School Excursions Overseas—Vaccination and Inoculation*

Parents whose children travel abroad in school parties are advised on their protection against smallpox and against the typhoid group of fevers.

Facilities for vaccination were made available in the school clinics and a total of 50 children were re-vaccinated against smallpox and 62 children from 6 schools vaccinated against the typhoid fevers.

HANDICAPPED PUPILS

The provision of special educational treatment for handicapped pupils continues to be one of the main priorities in the County's scheme.

A regional assessment centre (child development) was opened in the Royal Victoria Infirmary, Newcastle, in 1971 and an assessment centre at Dryburn Hospital, Durham was opened in May, 1972.

The following figures show the distribution of handicapped children in the various categories (more detail is given in Table 22).

Blind	...	...	...	...	...	...	...	15
Partially sighted		...	...	...	...	...	...	16
Deaf	...	...	...	...	...	...	...	44
Partially hearing		...	...	...	...	...	...	98
Physically handicapped		...	...	...	...	...	...	177
Delicate...	...	...	...	...	...	...	...	69
Epileptic	...	...	...	...	...	...	...	11
Educationally sub-normal		...	...	...	...	...	...	1,434
Maladjusted	...	...	...	...	...	...	...	118
Speech Defective	...	...	...	...	...	...	...	—

(a) *Blind and Partially Sighted*

Blind Pupils:—

At the end of the year there were 15 pupils in special schools.

Partially Sighted:—

Whenever possible, a partially sighted child is educated in an ordinary school but special schooling is sometimes necessary.

Three pupils were recommended for entry to special schools for the partially sighted. At the end of the year there were 15 children in special schools.

(b) *Deaf and Partially Hearing*

Deaf Pupils:—

Reference is made later in this report to the ascertainment and assessment procedures used in dealing with this form of handicap.

One child was examined and recommended for education in a special school for deaf children. At the end of the year there were 43 children in special schools, and one child awaiting admission.

Partially Hearing Pupils:—

Of the 22 pupils examined, 17 were recommended for admission to units for partially hearing children, and five were considered suitable for education in ordinary schools. At the end of the year there were three children in special schools for partially hearing children and 95 in units for partially hearing children.

There are now three nursery units operating at schools within the County. In addition to teaching staff, each of these nursery units has an N.N.E.B. trained nursery assistant.

The Durham and Fatfield units remain over subscribed and, in an effort to reduce the pressure on these units, a report has been submitted by the County Organiser for the Deaf requesting the inclusion in the building programme of a new unit at Stanley, with further provision for a unit to be built later in the Peterlee area.

(c) *Physically Handicapped Pupils*

The number of children with physical handicaps examined for the first time during the year was 104, while 210 were re-examined. Of these, 213 were found to be able to cope with the conditions of the ordinary school, 11 were recommended for admission to special schools, and 90 for tuition at home.

At the end of the year there were eight children awaiting places in special schools, 100 physically handicapped children were attending special schools and 70 were receiving tuition either at home or in hospital.

(d) *Delicate Pupils*

Within this category 33 children were examined or re-examined during the year and 25 were found capable of attending ordinary schools. Four were recommended for special schools, and four for home tuition and review at a later date.

At the end of the year 61 delicate children were attending special schools and seven were receiving tuition at home or in hospital. One child was awaiting placement in a special school.

(e) *Epileptic Children*

Twelve children were found, upon examination, to be suffering from epilepsy, six of whom were considered suitable for education in ordinary schools; two were recommended for special school, and four for home tuition.

There are eight epileptic children in special schools outside the county and three epileptic children are receiving education at home.

(f) *Educationally Subnormal Children*

During the year 245 children referred for this purpose, were examined, and details of the recommendations appear in Table 22.

(g) *Maladjusted Children*

Of 339 new cases seen by a psychiatrist during the year, 9 were seen at the request of Juvenile Courts. At the end of the year there were 83 children in special schools, 19 in special classes and 11 in the County Council's residential hostel. 18 children were awaiting vacancies in special schools, and six were receiving education otherwise than at school.

(h) *Speech Defective Pupils*

1,269 children were treated in the authority's clinics and special schools, whilst a further 70 children from the administrative county were known to have received treatment at hospital clinics.

Diabetic and Epileptic Holiday Camps

Arrangements were made for children to attend holiday camps under the auspices of the British Diabetic Association and the British Epilepsy Association as follows:—

The British Diabetic Association:—

Spring Hill Camp, Henham, Suffolk	...	...	...	...	...	6
Fyfield Camp, Essex	...	...	...	...	...	2

The British Epilepsy Association:—

City of Coventry's Boarding School, Cleobury Mortimer	2
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MISCELLANEOUS MEDICAL EXAMINATIONS

Medical examinations other than periodic examinations in schools were undertaken as in previous years. Details are given below. (Figures in brackets refer to 1971).

(a) Examination under Section 18 of the Children and Young Persons Act, 1933.

These examinations are of children between the ages of 14 and 16 and are required to determine the fitness of children to receive employment licences and badges. Part-time employment is usually that of newsboy, errand boy or shop assistant.

No. of children examined	...	...	...	...	...	...	104	(153)
No. of children unfit to be employed	...	...	...	...	...	...	1	(1)

(b) Examination under Section 22 of the Children and Young Persons Act, 1933.

These are examinations of children desiring to take part in entertainments.

No. of children examined	...	...	...	...	...	...	2	(2)
No. of children unfit	...	...	...	...	...	...	none	(none)

(c) Juvenile Courts.

No. of children or young persons examined arising out of proceedings in Juvenile Courts	3	(5)
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(d) Candidates for Royal Air Force.

Apprentices or boy entrants	none	(none)
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(e) Candidates for admission to courses of training for teaching and to the teaching profession

...	1,628	(760)
-----	-----	-----	-----	-----	-----	-------	-------

(f) Superannuation cases

...	715	(636)
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TESTING OF CHILDREN WITH HEARING DEFECTS

Audiometric screening of first year infants and first year juniors continued and again shows an increase in the total number tested over previous years.

The younger age of admission to infant schools, 4 years and 4 months, presents great problems for the audiometricians, in that the 4 year old child is possibly the most difficult of all to test successfully. Despite this the numbers screened were 1,469 more than in 1971.

A disturbing feature of the year's work is the marked increase in the failure rate compared with last year. Failures have increased from 8.4% to 12.4% for infants and from 5.1% to 5.4% for juniors and may be due in part to the greater difficulty of testing 4 year old infants. An unusually high incidence of failure occurred during February, March and April, particularly in the North and North Eastern parts of the County and the situation will be kept under close observation during 1973.

It is again disappointing to report that of all the children failing the initial screening test, some 28.3% failed to attend a clinic when appointments were made to investigate their hearing defect. Trends for the year suggest that of these 3,063 children who failed to keep appointments, approximately 110 would have required referral to E.N.T. consultants and over 1,000 would have been kept under observation. Educationally, children are at considerable disadvantage if they have untreated hearing difficulties. It is to be hoped that many parents of these non-attenders sought the advice of their general practitioners.

RESULTS OF SCREENING IN SCHOOLS

	<i>Infants</i>					<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Tested	7,594	7,338	14,932
Failed	977	872	1,849
% Incidence	12.9	11.9	12.4
	<i>Juniors</i>							
Tested	6,680	6,217	12,897
Failed	398	302	700
% Incidence	6.0	4.9	5.4

SCHOOL HEALTH SERVICE AUDIOLOGY CLINICS

<i>Number of Appointments</i>	<i>Did Not Attend</i>	<i>No Further Action</i>	<i>For Further Observation</i>	<i>Referred To Consultants</i>
10,620	3,063 (28.3%)	2,219 (20.9%)	4,948 (47.2%)	390 (3.6%)

MULTI-DISCIPLINARY OTOTOLOGY CLINIC ATTENDED BY HOSPITAL CONSULTANT

This clinic, introduced into the service in 1970, is attended by Mr. G. Rhys Evans, Senior E.N.T. Consultant and is now held twice monthly. It is of immense value in obtaining early attention for selected urgent cases.

The success of this clinic will be seen from a study of the following analysis of the year's work:—

<i>Appointments</i>	<i>Did Not Attend</i>	<i>Referred to Hospital</i>	<i>For Review</i>	<i>No Further Action</i>
184	17	99	56	12

Of these children, 19 were fitted with hearing aids.

CHILD GUIDANCE SERVICE

STAFF

The establishment consists of three psychiatrists and nine psychiatric social workers. At the end of the year, staff comprised three part-time psychiatrists (full-time equivalent approximately two officers), two whole-time and two part-time psychiatric social workers. One full-time psychiatric social worker commenced duty during August at Jarrow Child Guidance Clinic. In addition, a psychiatrist from the Prudhoe and Monkton Hospital operates on behalf of the local authority, a weekly clinic at the Jarrow Child Guidance Clinic. The services of psychologists are provided by the Education Department.

WORKLOAD

Demands for the service continue to rise. At the end of the year the waiting list was as long as it had ever been. The close liaison set up in 1971 with the Department of Social Services has resulted in a great deal of time being spent in assessing children in care. The growing recognition that there are numbers of children who have emotional problems arising both at school and at home has meant an increase in case work.

Efforts to meet this growing demand for the service will continue during 1973.

Figures for attendances at the Bishop Auckland, Durham and Jarrow clinics over the last three years are as follows (the numbers for the Durham and Bishop Auckland clinics are combined):—

					1970	1971	1972
<i>Psychiatrists : New cases</i>							
	Durham	...	...	...	239	250	250
	Jarrow	...	...	...	45	45	89

These figures include cases seen at Durham and at Jarrow at the request of the juvenile courts.

<i>Follow-up Sessions</i>					1970	1971	1972
	Durham	...	...	...	887	996	927
	Jarrow	...	...	...	127	216	163
<i>Social Workers :</i>					1970	1971	1972
Initial interview at home	...	...	...	...	55	18	19
Initial interview at clinic	...	...	...	...	213	208	220
Follow-up interviews at home	...	...	...	...	322	245	382
Follow-up interviews at clinic	...	...	...	...	737	756	901

SPEECH THERAPY

This year has seen a further increase in staff with the return of a former therapist to a senior post and the addition of two newly qualified therapists, bringing the staff to the equivalent of $7\frac{1}{2}$, plus two unqualified assistants, one of whom retired in December. The improved staff structure has permitted the reopening of clinics at Consett and Stanley, the opening of a clinic at Crook, weekly instead of monthly sessions at Spennymoor and fortnightly instead of monthly sessions at Shildon and Barnard Castle, making a total of 25 clinics and ten special schools. Children from Middleton-in-Teesdale now attend the Barnard Castle clinic as numbers were insufficient for a full session in Middleton-in-Teesdale.

All the special schools both day and residential are visited weekly with the exception of Walworth, Dinsdale and Redworth Hall where the chief speech therapist attends fortnightly. The extra practising and general help given by the unqualified assistants in both E.S.N. schools and in clinics has increased the rate of discharge of patients.

Schools are visited regularly, so that the entrants to infant schools can be assessed periodically to decide whether treatment will be necessary. Head teachers also send in lists of children whom they consider to have abnormal speech, and health visitors refer pre-school children for advice and possible treatment before admission to school.

The links between the local authority and hospital services have been strengthened by the attendance of the chief speech therapist at multi-disciplinary discussions at Dryburn Hospital regarding severely handicapped children, and to the Child Assessment Centre at the Royal Victoria Infirmary, Newcastle to discuss cases with Dr. Ellis and his team. Two therapists visit Dryburn Hospital for three sessions, and one visits Earls House Hospital weekly.

The greatest deficiency in the service at present is the lack of a language unit for children with severe speech handicaps. Such a unit might be attached to a normal infant and junior school, so that the children can be part of a normal school environment rather than separated in special schools. As their articulation and language improves, they can be integrated into the normal school life to an increasing extent, or returned to their local school. It is thought likely that a language unit would attract staff to the area to the benefit of all speech and language delayed children.

The chief speech therapist attended the London Speech Therapy Training School's summer school during July and benefited greatly from the new methods, discussions and films. With the rapidly expanding knowledge of their own and allied disciplines, it is advisable for all therapists qualified more than ten years to attend such courses to keep up-to-date. During the year the chief speech therapist has lectured to Head Teachers Associations, prospective students and the Institute of Education in Durham to improve knowledge of speech therapy and to encourage closer liaison between the teaching and speech therapy professions.

The total figures for the year are as follows:—

(a) *School Clinics*

<i>Treated</i>	<i>Admitted</i>	<i>Discharged</i>	<i>Waiting List</i>
1127	571	543	388

(b) *Special Schools*

<i>Treated</i>	<i>Admitted</i>	<i>Discharged</i>	<i>Waiting List</i>
142	29	33	14

DENTAL SERVICE

Staffing

The difficulty in recruiting dental staff continued to cause anxiety, however, in December three full-time school dental officers and one part-time school dental officer were appointed to commence work during 1973. The whole-time equivalent in post at the end of the year was 16.4 compared with a whole-time equivalent at the end of 1971 of 17.4. As will be seen in the following paragraph, the reduction in the staff employed is reflected in the overall work load of 1972 compared with 1971. It is hoped to improve the situation by the end of 1973.

Workload

During 1972 staff shortages prevented inspection of all schools, and in general activity was limited to primary schools, only a few secondary schools being inspected and treated. Compared with 1971, the number of sessions devoted to inspections showed a drop of 7%, whilst treatment sessions remained almost the same. The ratio of permanent teeth filled to those extracted remained at 5:1. There was no significant change in the volume of orthodontic work.

Dental Health Education

Throughout the year dental auxiliaries continued to provide dental health education by giving talks to children in school. The Principal School Dental Officer and other members of the dental staff carried out talks to various organisations including schools, colleges and adult organisations. "Pierre the Clown" spent one week in the County to visit the schools he had missed in previous years. An induction course was held at Durham Technical College for prospective dental surgery assistants and the result was promising. During 1972, the Durham County Agricultural Show was not held and thus a very good outlet for dental health education was lost.

Courses

The full-time course for dental surgery assistants introduced in 1971 continued with an increased response, so much so that selection of candidates was held. The Principal School Dental Officer is a member of the Science Advisory Committee at the College.

During the year the Principal School Dental Officer attended the annual conference of the British Dental Association and the Chief Dental Officers Co-ordinating Committee, as well as a refresher course for local authority dental officers at Oxford, entitled "The Dentist, His Team and the Community".

General

March saw the inception of a 3 year old birthday card scheme. Names and addresses are obtained from the County Council's computer and the aim is to give the opportunity to pre-school children to have appointments at clinics.

In June a visit was made by the Senior Dental Officer from the Department of Education and Science to report on the service in the County.

Close liaison is maintained with Dental Hospitals and the general dental practitioners in the area. The co-operation of the Dryburn, Newcastle Dental, Shotley Bridge and Sunderland General Hospitals in the fields of minor oral surgery and radiology is much appreciated.

NURSING AND HEALTH VISITOR SERVICES

Staffing

The establishment of school nurses is 33, and at 31st December there were 33 in post. No recruiting difficulties are experienced.

Work-load

School nurses carried out cleanliness surveys in schools and paid home visits where appropriate. When special problems arose they were supported by health visitors. School nurses were in attendance at school medical inspections, at examinations of County Council employees, college entrants for teacher training and handicapped pupils and attended specialist sessions for testing sight and hearing. They tested pupils eyesight using Keystone equipment prior to school medical inspections, carried out Heaf testing and assisted at immunisation sessions. Home visits were made to advise on the prevention of the spread of infection, on the occasion of the discharge of a child from hospital, to follow-up defects noted at school medical inspections, to advise defaulters from attendance for specialist or clinic appointments and to supervise enuresis equipment.

Usworth experiment

Requests were received from some head teachers for nursing support in secondary schools and, as reported in my last Annual Report, a state enrolled nurse was appointed by the Health Department for duties at Usworth Comprehensive School, Washington, and her work content measured by the County Council's Management Services Unit. Analyses of the work content showed that the volume of work was not great and that the majority of tasks could be satisfactorily performed by a person of lesser qualifications than a state enrolled nurse. At the same time, the post was a responsible one with considerable influence and potential and it was considered desirable that the post holder should be supervised by the Health Department. Accordingly, a specific job description has been drawn up and arrangements made for the post-holder to work with school nurses and health visitors and to be responsible locally to the Area Nursing Officer.

Training

Area meetings of staff continued throughout the year and school nurses were included in meetings to demonstrate the use of health education equipment. School nurses attended a refresher course held during 1972. All school nurses were included in the various in-service programmes.

HEALTH EDUCATION IN SCHOOLS

The increase in organised health education programmes in schools continued throughout the year. The pilot schemes which commenced in 1968 in Barnard Castle and Seaham schools are now permanent, and it is hoped that the scheme will be offered to other multilateral units in the county during 1973. The appointment of an Assistant Health Education Officer with special responsibility for liaison with education establishments has proved useful. A good deal of this officer's time is spent advising on health education programme content, special topics, and generally acting as a consultant.

There has been a sharp increase in the use of visual aids loaned by the section, especially in secondary schools and, particularly, in schools with raising of school leaving age programmes. Twenty secondary schools accepted programmes of health education using Health Department field staff. Educational establishments co-operated fully during the year during major campaigns. In May/June—7,256 children in the Durham and Seaham areas received special advice on the hazards of cigarette smoking, while special packs of anti-smoking material were distributed to 600 establishments. Several schools produced exhibition material for use at agricultural shows and at clinics. All schools are encouraged to include anti-smoking information in their programme of health education.

The planned parenthood campaign involved production of information packs and approximately 120 of these were distributed to secondary schools, technical colleges and colleges of education. Packs were for teachers' use, and it was encouraging that only three schools refused them. A large number of teaching

staff visited a Mobile Exhibition Unit mounted by the Health Education Council and several schools allowed senior pupils to visit this exhibition when it was sited for public display. The response within educational establishments to the family planning campaign will be evaluated by 1st March, 1973.

A weekly programme of health education was implemented at H.M. Remand Centre, Medomsley. Topics covered included family planning, venereal disease, smoking and child development.

PROVISION OF SCHOOL MEALS

Arrangements are being made for the provision of kitchen dining rooms at 14 new schools and for kitchen facilities at 7 existing schools at present being supplied with meals from Central Kitchens.

Statistics showing the position on 31st December, 1972:—

Central Kitchens	...	...	...	...	...	...	...	27
School Canteens—								
Secondary	...	...	...	...	...	...	...	93
Primary	...	...	...	...	...	...	...	206
Nursery...	...	...	...	...	...	...	...	21
School Dining Centres	...	...	...	...	...	...	...	275

Meals supplied during 12 months ended 31st December, 1972:—

Free	...	...	...	...	...	...	...	3,788,070
On Payment	...	...	...	...	...	...	...	10,978,584
							TOTAL	<u>14,766,654</u>

PROVISION OF MILK IN SCHOOLS

In accordance with regulations made under the Education (Milk) Act 1971, the provision of free school milk on and after 1st September 1971 was restricted to:—

- (a) Pupils in special schools.
- (b) Pupils in maintained schools up to the end of the summer term next after they attain the age of seven.
- (c) Other pupils in primary schools and junior pupils in all-age schools and middle schools where a school medical officer considers that the pupil's health requires that he should be provided with milk at school.

During 1972, 101 children were recommended for free school milk as a result of findings at routine school medical examinations and special examinations in the clinic.

NUTRITIONAL SURVEILLANCE OF SCHOOLCHILDREN

The national survey of nutrition in schoolchildren, under the direction of Professor W. W. Holland of the Department of Clinical Epidemiology and Social Medicine, St. Thomas Hospital, London, commenced during the year.

Approximately 20 areas throughout England have been selected, including schoolchildren from the Barnard Castle area.

The purpose of the survey is to measure growth and nutrition in infants' and junior schools related to social circumstance. The survey is longitudinal in nature and will extend over five years. The first year's investigation in this County took place in June.

The assistance of head teachers and staff at the schools, together with the co-operation of the parents, has been enlisted to ensure successful completion of the survey on each occasion.

A second survey designed to investigate the nutritional status of pre-school children will be conducted by Dr. P. Fox of the London School of Hygiene and Tropical Medicine on behalf of the Department of Health and Social Security and will commence in June, 1973, in Washington, Felling and Consett UDs and in Darlington R.D. Eventually, the data from this survey will be linked with the information gained from the survey on schoolchildren described above.

There is a great lack of authentic data on growth statistics in children and the Health Department which was selected because of its computerised record system is pleased to co-operate in these interesting enterprises.

PART III

STATISTICAL TABLES

A. HEALTH

TABLE 1.

HEALTH INDICES 1972

DISTRICT	Medical Officer of Health	Area in Acres	Registrar General's estimated resident population—mid-1972	Number of:—			*Live Birth Rate	*Death Rate	Number of infant deaths in first year of life per 1000 live births	Percentage of total deaths caused by:—		
				Live Births	Still Births	Daths				Tuberculosis B5, B6(U), B6(2)	Lung Cancer B19(6)	Ischaemic Heart Disease B28
AREA No. 1 Blaydon U.D. Ryton U.D. Whickham U.D.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H. Do. Do.	9,235 5,145 6,074	32,330 14,750 29,280	483 207 447	10 2 5	355 191 330	14.9 14.0 15.3	11.0 12.9 11.3	12 14 11	0.3 — 0.3	7.3 4.2 7.9	27.6 27.7 26.4
AREA No. 2 Jarrow M.B. Felling U.D. Hebburn U.D.	G. H. Whalley, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S. Do. Do.	1,948 3,257 1,555	29,070 38,590 23,390	545 516 332	5 6 3	348 399 345	14.9 18.7 14.2	11.5 12.0 10.3	12 13 42	0.2 — —	6.8 7.2 6.7	27.2 27.0 22.9
AREA No. 3 Consett U.D. Stanley U.D. Lanchester R.D.	P. F. A. Pereira, M.B., B.S., M.F.C.M., D.P.H. Do. Do.	6,760	91,050	1,393	14	1,092	15.3	12.0	25	0.3	7.9	26.9
AREA No. 4 Chester-le-Street U.D. Chester-le-Street R.D.	J. L. Siddle, M.B., B.S., M.F.C.M., D.P.H. Do.	10,042 12,659 44,243	35,090 42,030 14,290	516 608 179	6 7 1	466 575 235	14.7 14.5 12.5	13.3 13.7 16.4	23 23 11	— 0.5 0.4	3.6 4.5 3.0	24.9 27.5 18.3
AREA No. 5 Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D.	G. H. Whalley, M.B., B.S., B.Hy., D.P.H., D.M.A., F.C.C.S. J. L. Siddle, M.B., B.S., M.F.C.M., D.P.H. Do. J. W. A. Rodgers, M.B., B.Ch., D.P.H. J. L. Siddle, M.B., B.S., M.F.C.M., D.P.H.	7,344 4,552 6,754 2,447 6,572	24,470 17,020 33,170 23,370 26,090	326 236 513 261 552	4 7 3 2 6	275 224 375 322 213	13.3 13.9 15.5 11.3 21.2	11.2 13.2 11.3 8.2 8.2	15 47 21 38 9	0.4 — 0.3 0.3 —	4.7 6.7 5.3 4.3 3.8	30.2 30.8 30.4 32.9 31.5
AREA No. 6 Crook & Willington U.D. Tow Law U.D. Weardale R.D.	G. A. Macgregor, M.D., D.P.H. Do. Do.	15,476 4,477 99,513	21,500 2,550 7,910	253 32 99	2 1 —	335 39 139	11.8 12.5 12.5	15.6 15.3 17.6	20 20 20	0.3 — —	3.6 2.6 2.9	23.3 30.8 23.0
AREA No. 7 Durham M.B. Brandon & Byshottles U.D. Spennymoor U.D. Durham R.D. Sedgefield R.D. Stockton R.D.	A. Wilkinson, L.R.C.P., L.M., L.R.C.S.I., M.F.C.M., D.P.H. Do. Do. Do. D. D. Nichol, M.B., B.S., B.Hy., M.F.C.M., D.P.H. Do.	4,578 8,224 7,543 34,070 39,057 34,418	27,550 16,580 19,320 40,410 39,057 13,720	358 244 294 614 469 235	3 — 6 4 4	264 202 234 450 611 110	13.0 14.7 15.2 13.2 17.1	9.6 12.2 12.2 11.1 8.0	17 8 14 15 19 13	— — 0.4 — 1.8	4.9 5.9 3.5 4.7 4.7 4.5	26.1 22.3 26.4 26.2 25.5 30.9
AREA No. 8 Barnard Castle U.D. Barnard Castle R.D.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., M.F.C.M., D.P.H. Do.	559 110,118	5,360 15,500	74 213	1 3	71 211	13.8 13.7	13.2 13.6	27 9	— 0.5	2.8 2.8	22.5 27.5
AREA No. 9 Bishop Auckland U.D. Shildon U.D. Darlington R.D.	E. M. Osborne, M.B., Ch.B., M.F.C.M., D.P.H., D.C.H., D.(Obst.), R.C.O.G. Do. Do.	9,332 4,827 45,173	33,120 14,780 32,340	483 224 551	7 2 14	445 176 308	14.6 15.2 17.0	13.4 11.9 9.5	17 13 24	0.4 1.1 0.3	4.5 2.8 5.5	27.2 29.0 24.4
Easington R.D.	J. W. A. Rodgers, M.B., B.Ch., D.P.H.	59,332	80,240	1,258	23	929	15.7	11.6	19	0.5	4.5	26.6
ADMINISTRATIVE COUNTY		34,673	85,740	1,344	17	957	15.7	11.2	21	0.2	3.4	29.0
		594,743	822,580	12,174	149	10,083	14.8	12.3	19	0.3	4.9	27.2

• Crude rates per 1,000 population

TABLE 2.

ANALYSIS OF DEATHS BY AGE GROUPS, 1900-1972.

Year	Death Rate. (Crude)	Percentage of total deaths						
		Age in years						
		Under 1 year	1-	15-	25-	45-	65-	75-
1900	18.6	32.0	17.7	5.5	—	—	—	—
					26.9		17.9	
1910	14.3	29.1	16.6	5.2	—	—	—	—
					28.2		20.9	
1920	11.5	25.4	15.6	5.1	11.7	18.5	—	—
					30.2		23.7	
1930	11.2	13.7	10.6	5.3	11.7	23.6	—	—
					35.3		35.1	
1940	13.1	8.4	4.9	3.9	10.0	26.3	24.4	22.1
					36.3		46.5	
1950	11.8	6.1	1.9	1.6	6.3	23.8	27.7	32.6
					30.1		60.3	
1960	11.5	4.5	1.1	0.8	3.9	25.0	26.8	37.9
					28.9		64.7	
1970	11.8	2.5	0.9	0.7	3.2	23.4	29.7	39.6
					26.6		69.3	
1972	12.3	2.3	0.7	0.8	3.0	23.7	29.5	40.1
					26.7		69.6	

TABLE 4
ANALYSIS OF BIRTH AND INFANT MORTALITY STATISTICS 1963-72

Year	Live Birth Rate per 1,000 population	Infant Mortality Rate	Perinatal Mortality Rate	Early Neo-natal Mortality Rate	Stillbirth Rate	*Birth Wastage Rate
1963	18.2	23	32	14	19	41
1964	18.3	23	34	14	20	42
1965	18.1	21	31	12	19	39
1966	17.3	21	29	12	17	38
1967	17.0	21	27	11	16	36
1968	16.1	20	26	11	15	35
1969	15.5	16	26	10	17	33
1970	15.6	19	25	12	13	32
1971	16.0	19	22	10	13	31
1972	14.8	19	23	11	12	31

* Stillbirths and deaths under 1 year combined per 1,000 live and stillbirths

TABLE 5
HOME NURSING STATISTICS

Place where first treatment took place	Number treated during 1972 by age			
	Under 5	5-64	65 and over	Total
Patients home	617	6,695	9,684	16,996
Health centre	162	1,220	231	1,613
G.P.'s premises	461	5,052	1,629	7,142
Child health clinic	—	—	—	—
Hospital	—	—	—	—
Residential home	—	21	103	124
Elsewhere	2	9	1	12
	1,242	12,997	11,648	25,887

TABLE 6.

SMALLPOX VACCINATION

Number of persons vaccinated or re-vaccinated against smallpox for whom records were received during the year 1972

District.	VACCINATED Age (years) at date of vaccination.					RE-VACCINATED Age (years) at date of re-vaccination.				
	Under 1	1	2 to 4	5 to 15	Total	Under 1	1	2 to 4	5 to 15	Total
<i>Area No. 1.</i>										
Blaydon U.D. ...	1	32	3	2	38	—	—	—	19	19
Ryton U.D. ...	—	7	2	1	10	—	—	—	1	1
Whickham U.D. ...	1	17	6	5	29	—	—	1	3	4
<i>Area No. 2.</i>										
Jarrow M.B. ...	3	39	6	3	51	—	—	—	3	3
Felling U.D. ...	1	30	3	4	38	—	—	1	10	11
Hebburn U.D. ...	3	16	9	1	29	—	—	—	5	5
<i>Area No. 3.</i>										
Consett U.D. ...	—	13	2	7	22	—	—	2	10	12
Stanley U.D. ...	—	20	25	13	58	—	—	4	4	8
Lanchester R.D. ...	1	4	1	5	11	—	—	—	1	1
<i>Area No. 4.</i>										
Chester-le-Street U.D.	1	11	2	1	15	—	—	1	2	3
Chester-le-Street R.D.	—	29	2	1	32	—	—	3	1	4
<i>Area No. 5.</i>										
Boldon U.D. ...	—	31	5	1	37	—	—	3	3	6
Hetton U.D. ...	1	3	1	—	5	—	—	—	—	—
Houghton-le-Spring U.D.	—	22	6	11	39	—	—	—	2	2
Seaham U.D. ...	—	8	2	2	12	—	—	1	—	1
Washington U.D. ...	1	18	4	3	26	—	—	—	15	15
<i>Area No. 6.</i>										
Crook & Willington U.D.	—	16	12	5	33	—	—	—	2	2
Tow Law U.D. ...	—	4	1	—	5	—	—	—	2	2
Weardale R.D. ...	—	4	—	—	4	—	—	—	2	2
<i>Area No. 7.</i>										
Durham M.B. ...	1	13	2	6	22	—	—	—	24	24
Brandon & Byshottles U.D. ...	—	4	1	—	5	—	—	—	5	5
Spennymoor U.D. ...	—	3	1	—	4	—	—	—	—	—
Durham R.D. ...	—	18	3	4	25	—	—	2	11	13
Sedgefield R.D. ...	1	19	5	3	28	—	—	—	3	3
Stockton R.D. ...	—	6	2	4	12	—	—	—	9	9
<i>Area No. 8.</i>										
Barnard Castle U.D. ...	—	2	3	—	5	—	—	—	5	5
Barnard Castle R.D. ...	—	11	2	3	16	—	—	1	3	4
<i>Area No. 9.</i>										
Bishop Auckland U.D.	3	17	3	4	27	—	—	1	3	4
Shildon U.D. ...	—	5	—	1	6	—	—	—	2	2
Darlington R.D. ...	4	10	5	7	26	—	—	—	14	14
<i>Easington R.D. ...</i>	—	18	7	7	32	—	—	1	5	6
ADMINISTRATIVE COUNTY	22	450	126	104	702	—	—	21	169	190

TABLE 7.

DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS AND MEASLES IMMUNISATION

Number of persons immunised against diphtheria, whooping cough, tetanus, poliomyelitis and measles for whom records were received in 1972.

Type of Vaccine	Completed Primary Courses					Others Under 16 Years	Total	Reinforcing Doses					Others Under 16 Years	Total
	Year of Birth							Year of Birth						
	1972	1971	1970	1969	1965-68			1972	1971	1970	1969	1965-68		
Triple DTP	28	8,451	2,214	1,224	456	8	12,381	—	3	31	27	783	29	873
Diphtheria/Tetanus	—	32	1	4	952	196	1,185	—	1	16	17	10,066	251	10,351
Diphtheria	—	—	—	—	11	5	16	—	—	—	—	5	5	10
Tetanus	—	1	—	—	30	695	726	—	1	1	2	111	791	906
Sabin	31	8,524	2,225	1,280	1,965	226	14,251	—	6	40	63	10,928	219	11,256
Measles	2	5,161	2,605	781	1,526	369	10,444	—	—	—	—	—	—	—
TOTAL NUMBER OF CHILDREN IMMUNISED														
Diphtheria	28	8,483	2,215	1,228	1,419	209	13,582	—	4	47	44	10,854	285	11,234
Whooping Cough	28	8,451	2,214	1,224	456	8	12,381	—	3	31	27	783	29	873
Tetanus	28	8,484	2,215	1,228	1,438	899	14,292	—	5	48	46	10,960	1,071	12,130
Poliomyelitis	31	8,524	2,225	1,280	1,965	226	14,251	—	6	40	63	10,928	219	11,256
Measles	2	5,161	2,605	781	1,526	369	10,444	—	—	—	—	—	—	—

TABLE 8.
AMBULANCE SERVICE—STATISTICS, 1963-72.

Year	No. of Journeys	OUT-PATIENTS ONLY			GENERAL SERVICE†			EMERGENCY SERVICE			TOTAL GENERAL AND EMERGENCY CASES			Strength at 31st Dec.	
		Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Vehicles	Depot staffs*
1963	95,865	18,808	273,080	291,888	32,984	319,428	352,412	24,168	6,789	30,957	57,152	326,217	383,369	112	291
1964	97,714	15,567	304,843	320,410	28,714	349,623	378,337	25,561	7,251	32,812	54,275	356,874	411,149	117	292
1965	96,072	13,165	297,131	310,296	26,029	340,653	366,682	25,530	7,814	33,344	51,559	348,467	400,026	130	286
1966	96,665	12,229	295,772	308,001	24,496	338,878	363,374	25,919	8,151	34,070	50,415	347,029	397,444	134	312
†1967	96,695	13,390	303,062	316,452	24,916	343,866	368,782	25,361	8,420	33,781	50,277	352,286	402,563	140	319
†1968	84,755	16,309	274,605	290,914	25,549	309,552	335,101	21,918	6,971	28,889	47,467	316,523	363,990	135	310
1969	84,094	14,827	277,045	291,872	23,846	312,541	336,387	23,079	7,921	31,000	46,925	320,462	367,387	139	322
1970	87,174	16,968	290,925	307,893	25,801	325,043	350,844	24,179	8,112	32,291	49,980	333,155	383,135	137	330
1971	90,048	19,754	317,314	337,068	28,850	352,342	381,192	24,168	9,130	33,298	53,018	361,472	414,490	138	332
1972	91,578	22,708	319,913	342,621	31,686	353,016	384,702	25,361	8,907	34,268	57,047	361,923	418,970	140	334

* Does not include Control staff.

† Boundary changes (Population decreases 1967 - 44,500 ; 1968 - 113,000).

‡ Includes figures shown under "OUT-PATIENTS ONLY".

TABLE 9

TUBERCULOSIS NOTIFICATIONS

AGE PERIOD.	NEW CASES.						Total
	Respiratory.			Non-Respiratory.			
	M.	F.	Total	M.	F.	Total	
0 ...	—	—	—	—	—	—	—
1 ...	—	—	—	—	—	—	—
5 ...	4	2	6	—	2	2	8
15 ...	6	3	9	—	1	1	10
25 ...	10	8	18	2	2	4	22
35 ...	11	6	17	1	7	8	25
45 ...	21	6	27	2	1	3	30
55 ...	20	2	22	1	—	1	23
65 ...	18	6	24	1	—	1	25
75 and upwards ...	6	4	10	1	—	1	11
Age Unknown	—	1	1	—	—	—	1
Totals ...	96	38	134	8	13	21	155

TABLE 10.
DEATHS FROM RESPIRATORY TUBERCULOSIS.

District.	35-44		45-54		55-64		65-74		75 and upwards	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Area No. 1.</i>										
Blaydon U.D.	—	—	—	—	1	—	—	—	—	—
Ryton U.D.	—	—	—	—	—	—	—	—	—	—
Whickham U.D.	—	—	—	—	—	—	1	—	—	—
<i>Area No. 2.</i>										
Jarrow M.B.	—	—	—	—	—	—	—	—	—	—
Felling U.D.	—	—	—	—	1	—	—	1	—	—
Hebburn U.D.	—	—	—	—	—	—	—	—	—	—
<i>Area No. 3.</i>										
Consett U.D.	—	—	—	—	—	—	—	—	—	—
Stanley U.D.	1	—	—	—	—	—	—	—	1	—
Lanchester R.D.	—	—	—	—	1	—	—	—	—	—
<i>Area No. 4.</i>										
Chester-le-Street U.D.	—	—	—	—	—	—	—	1	—	—
Chester-le-Street R.D.	—	—	—	—	—	—	—	—	—	—
<i>Area No. 5.</i>										
Boldon U.D.	1	—	—	—	—	—	—	—	—	—
Hetton U.D.	—	—	—	—	—	—	—	—	—	—
Houghton-le-Spring U.D.	—	—	—	—	—	—	1	—	—	—
Seaham U.D.	—	—	—	—	—	—	—	—	1	—
Washington U.D.... ..	—	—	—	—	—	—	—	—	—	—
<i>Area No. 6.</i>										
Crook and Willington U.D.	—	—	—	—	—	—	—	—	1	—
Tow Law U.D.	—	—	—	—	—	—	—	—	—	—
Weardale R.D.	—	—	—	—	—	—	—	—	—	—
<i>Area No. 7.</i>										
Durham M.B.	—	—	—	—	—	—	—	—	—	—
Brandon and Byshottles U.D.	—	—	—	—	—	—	—	—	—	—
Spennymoor U.D.	—	—	—	1	—	—	—	—	—	—
Durham R.D.	—	—	—	—	—	—	—	—	—	—
Sedgefield R.D.	—	—	—	—	—	—	—	—	—	—
Stockton R.D.	—	—	—	—	—	—	2	—	—	—
<i>Area No. 8.</i>										
Barnard Castle U.D.	—	—	—	—	—	—	—	—	—	—
Barnard Castle R.D.	—	—	—	—	—	—	—	—	—	1
<i>Area No. 9.</i>										
Bishop Auckland U.D.	—	—	—	—	1	—	1	—	—	—
Shildon U.D.	—	—	—	—	2	—	—	—	—	—
Darlington R.D.	—	—	—	—	—	—	1	—	—	—
Easington R.D.	—	—	—	—	—	1	—	—	1	—
ADMINISTRATIVE COUNTY	2	—	—	1	6	1	6	2	4	1

There were no deaths from respiratory tuberculosis in persons under 35 years of age.

TABLE 11.
DEATHS FROM NON-RESPIRATORY TUBERCULOSIS.

Area No.	District	Age Period	Sex	No. of deaths
2	Felling U.D.	45 — 54	Female	1
3	Stanley U.D.	55 — 64	Female	1
4	Chester-le-Street R.D.	35 — 44	Female	1

TABLE 12.
TUBERCULOSIS
SUMMARY OF NEW CASES AND DEATHS, DEATH RATES AND NOTIFICATION RATES

Year	RESPIRATORY						NON-RESPIRATORY						TOTAL					
	New Cases		No. of Deaths		* Death Rate	* Noti- fica- tion Rate	New Cases		No. of Deaths		* Death Rate	* Noti- fica- tion Rate	New Cases		No. of Deaths		* Death Rate	* Noti- fica- tion Rate
	M	F	M	F			M	F	M	F			M	F	M	F		
1943	438	398	296	218	0.63	1.03	240	290	64	26	0.11	0.65	678	688	360	244	0.74	1.68
1944	445	469	233	190	0.51	1.11	235	246	51	49	0.12	0.59	680	715	284	239	0.63	1.70
1945	527	386	255	203	0.55	1.10	249	265	48	56	0.13	0.62	776	651	303	259	0.68	1.72
1946	604	447	231	199	0.50	1.22	202	183	64	47	0.13	0.45	806	630	295	246	0.63	1.66
1947	534	474	253	263	0.59	1.16	166	172	58	38	0.11	0.39	700	646	311	301	0.70	1.55
1948	595	532	200	236	0.49	1.27	146	149	58	34	0.10	0.33	741	681	258	270	0.59	1.60
1949	552	515	240	188	0.47	1.18	127	146	39	35	0.08	0.30	679	661	279	223	0.56	1.48
1950	682	607	220	136	0.39	1.42	113	130	34	22	0.06	0.27	795	737	254	158	0.45	1.69
1951	654	525	195	126	0.36	1.31	102	110	26	22	0.05	0.24	756	635	221	148	0.41	1.55
1952	562	476	138	84	0.25	1.15	70	97	13	13	0.03	0.19	632	573	151	97	0.28	1.34
1953	502	415	129	92	0.24	1.01	66	78	14	10	0.03	0.16	568	493	143	102	0.27	1.17
1954	449	361	120	56	0.19	0.89	68	65	11	4	0.02	0.15	517	426	131	60	0.21	1.04
1955	376	331	108	54	0.18	0.77	54	61	9	13	0.02	0.13	430	392	117	67	0.20	0.90
1956	367	317	77	28	0.11	0.74	54	52	5	6	0.01	0.12	421	369	82	34	0.13	0.86
1957	368	264	96	29	0.13	0.68	42	65	7	4	0.01	0.12	410	329	103	33	0.15	0.80
1958	371	224	74	27	0.11	0.64	39	52	12	3	0.02	0.10	410	276	86	30	0.12	0.73
1959	289	191	74	20	0.10	0.51	32	45	7	1	0.01	0.08	321	236	81	21	0.11	0.59
1960	300	174	63	27	0.09	0.50	28	37	3	4	0.01	0.07	328	211	66	31	0.10	0.57
1961	257	161	57	17	0.08	0.44	37	37	2	1	0.003	0.08	294	198	59	18	0.08	0.52
1962	259	166	48	7	0.06	0.44	25	36	3	1	0.004	0.06	284	202	51	8	0.06	0.50
1963	222	130	44	10	0.06	0.36	27	31	4	1	0.005	0.06	249	161	48	11	0.06	0.42
1964	216	106	49	11	0.06	0.33	33	32	3	1	0.004	0.07	249	138	52	12	0.07	0.40
1965	158	99	56	12	0.07	0.26	19	30	4	2	0.006	0.05	177	129	60	14	0.08	0.31
1966	201	96	61	17	0.08	0.30	16	19	4	2	0.006	0.04	217	115	65	19	0.09	0.34
1967	189	97	40	13	0.06	0.30	10	17	4	2	0.006	0.03	199	114	44	15	0.06	0.34
1968	146	84	20	4	0.03	0.28	8	16	11	—	0.01	0.03	154	100	31	4	0.04	0.31
1969	121	58	18	5	0.03	0.22	15	18	7	4	0.01	0.04	136	76	25	9	0.04	0.26
1970	113	62	25	5	0.04	0.21	15	19	2	1	0.004	0.04	128	81	27	6	0.04	0.25
1971	107	51	12	4	0.02	0.19	13	15	3	—	0.004	0.03	120	66	15	4	0.02	0.23
1972	96	38	18	5	0.03	0.16	8	13	—	3	0.004	0.03	104	51	18	8	0.03	0.19

* Rates per 1,000 population

TABLE 13.

PATIENTS FROM ADMINISTRATIVE COUNTY
ATTENDING VENEREAL DISEASE CLINICS FOR FIRST TIME

Centre	Syphilis		Gonorrhoea	Other genital infections	Other conditions	Total
	Primary and Secondary	Other				
Newcastle	2	6	143	340	388	879
South Shields	—	2	23	54	57	136
Sunderland	2	1	112	211	377	703
Middlesbrough	—	—	5	13	15	33
Stockton	—	—	5	5	9	19
Hartlepool	—	—	1	4	7	12
Darlington	1	2	55	85	105	248
Carlisle	—	—	1	—	4	5
Totals 1972	5	11	345	712	962	2,035
Totals 1971	2	17	336	650	928	1,933

TABLE 14

DEATHS FROM CANCER DURING 1972 SHOWING THE ORGANS AFFECTED, SEX AND AGE PERIODS

District	Deaths at Subjoined Ages												Buccal Cavity etc.		Oesoph- agus		Stomach		Intestine		Larynx		Lung, Bronchus		Breast		Uterus (F) Prostate (M)		Leukaemia		Other		Total	
	0-24			25-44			45-64			65-74																									75+
	M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		
AREA No. 1 Blaydon U.D. Ryton U.D. Whickham U.D.	2	—	—	—	1	2	17	9	4	21	15	14	10	2	1	—	5	4	4	—	—	24	2	—	4	5	2	2	1	12	16	54	36	
	1	—	—	—	—	—	8	10	16	5	9	8	6	7	1	—	1	2	6	3	5	20	6	—	3	1	3	3	1	4	23	40	29	
	1	—	—	—	—	—	15	4	15	16	9	6	6	6	—	—	10	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	
AREA No. 2 Jarrow M.B. Felling U.D. Hebburn U.D.	1	—	—	—	1	2	14	17	14	11	12	5	7	1	—	2	5	6	—	5	19	6	—	8	1	2	2	2	6	6	34	36		
	—	—	—	—	—	—	26	12	15	12	12	12	7	9	1	—	7	3	1	6	—	32	6	—	5	3	2	1	8	14	55	40		
	—	—	—	—	—	—	19	5	20	4	—	9	—	7	1	—	10	3	4	—	22	1	—	3	—	2	2	9	51	51	17			
AREA No. 3 Consett U.D. Stanley U.D. Lanchester R.D.	1	—	—	—	1	2	14	24	21	11	8	22	13	2	2	—	9	10	6	11	—	12	5	—	7	1	5	1	13	15	60	58		
	1	—	—	—	—	—	16	22	24	20	19	13	6	1	1	—	11	3	13	14	—	24	2	—	9	—	7	1	9	17	60	57		
	—	—	—	—	—	—	9	7	—	4	3	5	—	—	—	—	2	5	5	4	1	5	—	—	4	—	1	—	6	19	19	15		
AREA No. 4 Chester-le-Street U.D. Chester-le-Street R.D.	—	—	—	—	1	2	13	10	12	9	20	3	7	—	—	1	6	11	6	—	—	11	4	—	3	5	2	2	10	7	29	26		
	3	—	—	—	—	—	21	12	31	9	20	8	18	3	—	—	1	3	12	6	—	26	3	—	18	—	2	12	14	65	56			
	—	—	—	—	—	—	9	7	—	7	6	2	4	—	—	—	2	4	2	2	—	5	—	—	—	—	—	—	—	—	—	—		
AREA No. 5 Boldon U.D. Hetton U.D. Houghton U.D. Seaham U.D. Washington U.D.	2	—	—	—	3	2	9	11	9	7	5	9	7	3	1	2	3	2	3	4	—	11	2	—	11	1	1	2	5	7	29	28		
	—	—	—	—	—	—	8	11	7	5	7	9	9	5	—	—	3	1	2	4	—	12	4	—	5	3	3	1	4	6	24	20		
	—	—	—	—	—	—	12	9	13	9	7	12	12	7	—	—	3	2	4	5	—	15	2	—	—	2	1	2	8	13	33	39		
AREA No. 6 Crook & Willington U.D. Tow Law U.D. Weardale R.D.	—	—	—	—	1	2	12	12	1	1	10	8	6	—	—	1	9	8	5	5	1	9	3	—	3	—	3	—	11	6	36	29		
	—	—	—	—	—	—	4	3	4	3	3	5	1	5	—	—	1	1	1	3	—	3	1	—	—	—	—	2	3	—	11	13		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
AREA No. 7 Durham M.B. Durham & Byshottles U.D. Spennymoor U.D. Durham R.D. Sedgefield R.D. Stockton R.D.	—	—	—	—	—	—	10	15	7	5	8	7	7	2	—	4	2	3	4	3	9	4	—	6	1	2	2	5	8	25	27			
	1	—	—	—	—	—	6	3	7	9	3	5	5	3	—	—	2	3	1	5	—	11	2	—	3	2	2	1	4	8	23	17		
	1	—	—	—	—	—	8	10	10	7	3	4	4	4	—	—	5	6	6	7	—	17	2	—	7	2	2	2	5	4	23	17		
AREA No. 8 Barnard Castle U.D. Barnard Castle R.D.	—	—	—	—	1	2	13	15	9	11	20	12	7	1	—	2	5	3	3	7	—	25	4	—	7	4	3	2	14	12	58	41		
	—	—	—	—	—	—	2	2	6	—	3	2	2	2	—	—	3	6	6	—	4	1	—	—	3	1	—	2	2	11	6	6		
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
AREA No. 9 Bishop Auckland U.D. Shildon U.D. Darlington R.D.	—	—	—	—	1	2	18	10	11	12	10	8	8	1	2	1	3	5	3	—	16	4	—	5	3	3	3	1	13	10	40	31		
	1	—	—	—	—	—	5	4	5	2	7	9	7	3	—	—	1	4	4	6	—	15	—	—	2	1	2	1	1	2	5	30	24	
	—	—	—	—	—	—	13	13	13	15	11	7	7	7	—	—	5	3	3	6	—	4	3	—	5	1	2	2	7	5	30	24		
Easington R.D. ADMINISTRATIVE COUNTY	—	3	4	8	31	36	31	28	20	22	14	2	14	2	—	1	9	10	11	8	1	29	4	—	17	3	8	7	21	25	85	81		
	16	11	51	31	368	319	387	264	246	233	246	233	21	11	26	130	109	130	139	5	4	412	86	5	163	64	40	232	254	1048	878			
	18	14	52	49	373	272	373	256	272	243	272	243	17	8	21	142	106	133	126	6	1	430	91	3	146	61	38	229	252	1088	834			
1971 FIGURES																																		

TABLE 15

NUMBER OF CERVICAL SMEAR TESTS CARRIED OUT AT LOCAL AUTHORITY SESSIONS—1972

Clinic	Age of Women										Total	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Not Known
Consett	—	1	2	8	18	27	42	28	20	8	7	—
Hebburn	1	8	26	21	36	31	37	36	12	2	2	2
Houghton-le-Spring ...	—	14	51	81	101	105	98	59	32	27	16	1
Newton Aycliffe	5	4	35	56	77	63	50	32	15	11	4	2
Stanhope	1	4	14	12	13	10	9	13	6	4	1	—
Stanley	—	2	8	13	10	7	7	5	4	2	1	—
Easington R.D.	—	17	70	98	134	122	96	83	49	18	11	2
Seaham	1	1	5	11	28	33	32	26	23	9	4	—
Totals	8	51	211	300	417	398	371	282	161	81	46	7
Positive Cases	—	—	1	1	2	1	2	—	—	—	—	—
Percentage Positive ...	—	—	0.47	0.33	0.48	0.25	0.54	—	—	—	—	—
Admin. County female population, Census 1971 ...	28,145	29,465	25,555	24,110	23,990	25,960	27,310	24,640	24,345	23,890	57,880	—
Number screened per 1,000 female population ...	0	2	8	12	17	15	14	11	7	3	1	—

* This figure includes a number of repeat smears.

TABLE 16.

SUMMARY OF CORRECTED NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

DISTRICTS	Est. Popula- tion 1972	Scarlet Fever		Whoop- ing Cough		Measles		Tuberculosis				Acute Encephalitis				Oph- thalmia Neona- torum		Para- Typhoid Fever		Food Poison- ing		Infective Jaundice		Acute Mening- itis		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
AREA No. 1 Blaydon U.D. Ryton U.D. Whickham U.D.	32,330 14,750 29,280	7 — 5	7 — 6	— — —	— — —	129 9 82	127 11 61	5 1 4	1 — 2	— — —	— 1 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	6 1 1	1 — 1	3 8 2	1 — —	1 — —	1 — —	150 15 94	141 20 75	
AREA No. 2 Jarrow M.B. Felling U.D. Hebburn U.D.	29,070 38,590 23,390	— 1 —	2 — —	— 2 —	— — —	106 113 57	91 111 60	8 5 4	7 3 3	— — —	— — 1	2 — 1	— — —	— — —	— — —	— — —	— — —	— — —	— — 1	— — —	1 2 —	1 — —	2 115 121	104 64 —	— — —	— — —	
AREA No. 3 Consett U.D. Stanley U.D. Lancaster R.D.	35,090 42,030 14,290	2 32 —	— 37 —	— — —	— — —	193 127 1	196 115 32	1 8 2	3 3 —	— — —	— — —	1 — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	1 1 1	— 2 —	— — —	— — —	— — —	213 169 197	218 159 38	
AREA No. 4 Chester-le-Street U.D. Chester-le-Street R.D.	20,660 47,620	1 8	— 6	— 2	— —	50 87	45 85	— 9	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	51 108	46 95	
AREA No. 5 Bolton U.D. Hetton U.D. Houghton-le-Spring U.D. Sedham U.D. Washington U.D.	24,470 17,020 33,170 23,370 26,090	3 1 — — 5	2 — — 2 6	— — — — —	— — — — —	46 115 123 81 68	38 102 125 79 53	7 2 7 5 1	1 — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	— — — — —	2 — — — —	— — — — —	2 1 — — —	— — — — —	— — — — —	58 120 132 87 78	42 104 131 86 61		
AREA No. 6 Crook & Willington U.D. Tow Law U.D. Weardale R.D.	21,500 2,550 7,910	1 — —	4 — —	— — —	— — —	8 — —	14 — 1	4 — —	1 — 1	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	14 — 6	19 — 4	
AREA No. 7 Durham M.B. Brandon & Eynshottles U.D. Spennymoor U.D. Durham R.D. Sedgefield R.D. Stockton R.D.	27,550 16,580 19,320 40,410 34,980 13,720	1 — 6 8 11 1	1 — 7 — 14 —	— — — 4 3 —	— — — — — —	60 80 57 93 62 14	44 73 60 84 49 10	1 2 2 2 1 3	— — 1 — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	— — — — — —	1 — — — 5 23	3 — — — — —	1 — — 2 — —	— — — — — —	65 82 65 109 79 15	50 73 69 88 93 10		
AREA No. 8 Barnard Castle U.D. Barnard Castle R.D.	5,360 15,560	1 —	1 —	1 2	— —	20 32	24 31	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	22 37	28 35
AREA No. 9 Bishop Auckland U.D. Shildon U.D. Darlington R.D.	33,120 14,780 32,340	12 4 5	10 9 2	1 — —	— — —	30 18 43	37 15 33	5 1 3	2 1 —	— — —	— — —	2 — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	2 — —	— — —	— — —	— — —	— — —	63 24 56	63 25 37	
Easington R.D.	85,740	13	11	1	3	284	260	6	3	—	—	3	1	—	—	—	—	—	—	1	8	8	1	—	319	289	
ADMINISTRATIVE COUNTY	822,580	128	127	13	11	2221	2066	96	39	—	—	2	8	11	—	—	—	—	—	25	32	26	37	4	12	2568	2388

There were no cases notified of the following:—Smallpox, Poliomyelitis, Diphtheria, Tetanus, Typhoid

TABLE 17
DETAILS OF EXAMINATION OF SAMPLES OF UNTREATED, PASTEURISED AND STERILISED MILK
COLLECTED BY OFFICERS OF THE COUNTY HEALTH DEPARTMENT

	No. of samples taken	Methylene Blue Test				Phosphatase Test			Biological Test for Tuberculosis, etc.					Turbidity Test		Colony County	
		Passed	Failed	Incon- clusive	% Failed	Passed	Failed	% Failed	No. of samples taken	Nega- tive	Positive	Incon- clusive	% Positive	No. of samples taken (all satisfactory)	Satis- factory	Unsatis- factory	
Pasteurised Milk	(a) Dairies ...	228	9	—	3.9	228	—	—	—	—	—	—	—	—	—	—	
	(b) Schools ...	63	4	—	6.3	63	—	—	—	—	—	—	—	—	—	—	
	(c) Hospitals ...	181	6	1	3.3	181	—	—	—	—	—	—	—	—	—	—	
	(d) Dealers ...	2,030	104	7	5.1	2,029	1	0.05	—	—	—	—	—	—	—	—	
	2,502	2,371	123	8	4.9	2,501	1	0.04	—	—	—	—	—	—	—	—	
Untreated Milk	(a) Farms ...	521	56	5	10.7	—	—	—	175	174	1	—	0.6	—	—	—	
	(b) Dealers ...	161	34	3	21.1	—	—	—	49	49	—	—	—	—	—	—	
	682	584	90	8	13.2	—	—	—	224	223	1	—	0.4	—	—	—	
Sterilised Milk	(a) Dairies ...	9	—	—	—	—	—	—	—	—	—	—	—	9	—	—	
	(b) Dealers ...	356	—	—	—	—	—	—	—	—	—	—	—	356	—	—	
	365	—	—	—	—	—	—	—	—	—	—	—	—	365	—	—	
Ultra-Heat Treated	(a) Dairies ...	93	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	(b) Dealers ...	93	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS	...	3,642	2,955	213	5.8	2,501	1	0.04	224	223	1	—	0.4	365	92	1	

TABLE 18.

HOUSING.

Statement as to the position of housing in the Administrative County of Durham on the 31st December, 1972
(Figures supplied by District Councils).

District.	Houses erected during 1972 by			Total No. of Inhabited Houses in District.
	Local Authority	Any Other Housing Authority.	Private Persons.	
<i>Area No. 1.</i>				
Blaydon U.D.	111	—	12	11,382
Ryton U.D.	—	—	115	5,427
Whickham U.D.	—	—	181	10,800
<i>Area No. 2.</i>				
Jarrow M.B.	—	—	79	9,581
Felling U.D.	165	—	258	13,481
Hebburn U.D.	—	—	4	8,032
<i>Area No. 3.</i>				
Consett U.D.	145	—	27	12,504
Stanley U.D.	255	—	126	15,299
Lanchester R.D.	86	—	88	4,987
<i>Area No. 4.</i>				
Chester-le-Street U.D.	100	—	12	7,645
Chester-le-Street R.D.	140	—	73	16,941
<i>Area No. 5.</i>				
Boldon U.D.	31	—	174	8,386
Hetton U.D.	44	—	26	6,025
Houghton-le-Spring U.D.	74	—	52	11,546
Seaham U.D.	2	—	7	7,937
Washington U.D.	84	456	385	9,554
<i>Area No. 6.</i>				
Crook and Willington U.D.	105	—	10	8,276
Tow Law U.D.	—	—	—	918
Weardale R.D.	—	—	3	3,380
<i>Area No. 7.</i>				
Durham M.B.	15	—	397	8,072
Brandon and Byshottles U.D.	94	—	159	6,137
Spennymoor U.D.	12	—	138	6,888
Durham R.D.	12	—	172	14,285
Sedgefield R.D.	61	—	151	12,136
Stockton R.D.	—	—	430	4,882
<i>Area No. 8.</i>				
Barnard Castle U.D.	—	—	14	1,833
Barnard Castle R.D.	—	—	10	5,672
<i>Area No. 9.</i>				
Bishop Auckland U.D.	288	—	97	11,980
Shildon U.D.	37	184	84	5,371
Darlington R.D.	—	—	115	10,130
Easington R.D.	171	125	4	29,291
Total	2,032	765	3,403	288,778

PART III

STATISTICAL TABLES

B. SCHOOL HEALTH

MINISTRY OF EDUCATION TABLES RELATING TO THE INSPECTION AND TREATMENT OF PUPILS IN THE ADMINISTRATIVE COUNTY AREA EXCLUDING THE EXCEPTED DIVISION OF EASINGTON.

Number of pupils on registers of maintained and assisted nursery, primary, secondary and special schools in January, 1973 140,081

TABLE 19

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

Periodic Medical Inspections.

Age Groups Inspected (by year of birth).	Number of Pupils Inspected.	Physical Condition of Pupils Inspected.	
		Satisfactory.	Unsatisfactory.
		No.	No.
1968 and later	1,379	1,373	6
1967	5,205	5,189	16
1966	4,946	4,924	22
1965	1,397	1,390	7
1964	641	638	3
1963	372	370	2
1962	2,495	2,484	11
1961	7,535	7,509	26
1960	3,348	3,335	13
1959	467	464	3
1958	195	195	—
1957 and earlier	1,769	1,759	10
Total	29,749	29,630	119

Other Inspections.

Number of special inspections 598
 Number of re-inspections 23,021
 Total 23,619

Notes :— A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 150,803
 (b) Total number of individual pupils found to be infested 10,432
 (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) 3,432
 (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) —

Note :—All cases of infestation, however slight, are included.

TABLE 20

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR.

Defect or Disease.	Periodic Inspections.								Special Inspections.	
	Entrants.		Leavers.		Others.		Total.			
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	208	295	80	30	346	325	634	650	6	20
Eyes—										
(a) Vision ...	581	1,685	137	164	1,155	1,856	1,873	3,705	41	134
(b) Squint ...	261	309	11	19	237	285	509	613	9	30
(c) Other ...	36	74	6	7	47	81	89	162	—	3
Ears—										
(a) Hearing ...	201	793	2	23	109	484	312	1,300	13	68
(b) Otitis Media ...	94	571	4	8	56	256	154	835	2	12
(c) Other ...	15	137	2	1	16	68	33	206	—	2
Nose and Throat ...	201	1,670	13	19	131	794	345	2,483	8	33
Speech ...	88	427	1	12	64	191	153	630	8	38
Lymphatic Glands	13	315	—	2	3	50	16	367	—	3
Heart ...	52	213	6	11	27	187	85	411	2	15
Lungs ...	105	447	4	12	62	368	171	827	2	13
Developmental—										
(a) Hernia ...	43	48	1	—	16	31	60	79	—	2
(b) Other ...	40	492	5	13	99	293	144	798	3	18
Orthopaedic—										
(a) Posture ...	2	88	2	9	6	87	10	184	1	6
(b) Feet ...	41	349	3	23	58	359	102	731	—	12
(c) Other ...	29	206	6	12	50	208	85	426	4	13
Nervous System—										
(a) Epilepsy ...	16	37	6	5	21	57	43	99	—	9
(b) Other ...	22	239	5	7	28	166	55	412	5	13
Psychological—										
(a) Development ...	38	341	—	40	60	461	98	842	7	40
(b) Stability ...	26	424	1	8	24	349	51	781	2	49
Abdomen ...	43	256	2	5	38	197	83	458	2	14
Other ...	35	221	15	35	66	416	116	672	8	15

(T) Number of pupils found to need treatment.

(O) Number of pupils found to need observation.

TABLE 21

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS).

NOTES :—This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	279
Errors of refraction (including squint)	13,506
Total	13,785
Number of pupils for whom spectacles were prescribed	9,288

Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been dealt with
Received operative treatment :—	
(a) for diseases of the ear	284
(b) for adenoids and chronic tonsillitis	1,292
(c) for other nose and throat conditions	286
Received other forms of treatment	68
Total	1,930
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1972 (see note (i) below)	25
(b) in previous years (see note (ii) below)	209

(i) A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

(ii) The number entered in (b) does not include children who have left school.

Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	—
(b) Pupils treated at school for postural defects	—
Total	—

Diseases of the Skin.

(excluding uncleanness, for which see Table 19).

										Number of cases known to have been treated.
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	—
Other skin diseases	—
Total									...	—

Child Guidance Treatment.

										Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	...	...	...	...	...	...	...	...	...	556

Speech Therapy.

										Number of cases known to have been treated.
Pupils treated by speech therapists	...	...	...	...	...	...	...	...	...	1,269

Other Treatment given.

										Number of cases known to have been dealt with.
(a) Pupils with minor ailments	...	...	...	...	...	...	...	...	...	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	...	...	...	...	...	...	8,889
(d) Other than (a) (b) and (c) above—										
Orthoptic	...	...	...	...	...	...	...	...	...	174
U.V.R.	...	...	...	...	...	...	...	...	...	—
Total									...	9,063

TABLE 22.

HANDICAPPED PUPILS—DETAILS OF CLASSIFICATION AND PLACEMENT, 1972.

(a) *Blind Pupils.*

No. of children examined by consultant ophthalmologists during year	...	...	...	...	—
No. of children examined by school medical officers during year	...	...	...	...	—
School medical officers' recommendations :—					
(a) Special schools for blind pupils	...	...	...	...	—
(b) Education otherwise than at school	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	15
No. receiving education otherwise than at school	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	—

(b) *Partially Sighted Pupils.*

No. of children examined by consultant ophthalmologists during year	...	...	...	...	—
No. of children examined by school medical officers during year	...	...	...	...	4
School medical officers' recommendations :—					
(a) Ordinary schools	...	...	...	...	1
(b) Special schools for partially sighted	...	...	...	...	3
(c) Education otherwise than at school	...	...	...	...	—
(d) Re-examination	...	...	...	...	4
No. in special schools at end of year	...	...	...	...	15
No. receiving education otherwise than at school	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	1

(c) *Deaf.*

No. of children examined during year	...	...	...	...	...	...	...	1
School medical officers' recommendations :—								
(a) Special schools for deaf children	...	...	...	...	...	...	...	1
(b) Other special schools...	...	...	...	...	...	...	...	—
(c) Hospital schools	...	...	...	...	...	...	...	—
(d) Home tuition	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	43
No. receiving education otherwise than at school	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	—

(d) *Partially Hearing.*

No. of children examined by school medical officers during year	...	...	...	...	22
School medical officers' recommendations :—					
(a) Ordinary schools	...	...	...	...	5
(b) Units for partially hearing children	...	...	...	...	17
(c) Special schools for partially hearing pupils	...	...	...	...	—
(d) Special schools for other categories	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	3

No. receiving education otherwise than at school	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	—
No. in units for partially hearing	...	...	...	...	...	...	...	95
No. awaiting places in units	...	...	...	...	...	...	...	—

(e) *Physically Handicapped.*

No. of children examined during year	...	...	...	...	...	...	...	104
No. of children re-examined during year	...	...	...	...	...	...	...	210
School medical officers' recommendations :—								
(a) Ordinary schools	...	...	...	...	...	...	...	213
(b) Special schools for physically handicapped children	...	...	...	...	...	...	...	11
(c) Special schools for other categories	...	...	...	...	...	...	...	—
(d) Hospital special schools	...	...	...	...	...	...	...	—
(e) Education otherwise than at school	...	...	...	...	...	...	...	90
(f) Unsuitable for any school	...	...	...	...	...	...	...	—
(g) Re-examination	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	100
No. receiving education otherwise than at school	...	...	...	...	...	...	...	70
No. requiring places in special schools	...	...	...	...	...	...	...	7

(f) *Delicate.*

No. of children examined during year	...	...	...	...	...	...	...	14
No. of children re-examined during year	...	...	...	...	...	...	...	19
School medical officers' recommendations :—								
(a) Ordinary schools	...	...	...	...	...	...	...	25
(b) Special schools for delicate children	...	...	...	...	...	...	...	4
(c) Education otherwise than at school	...	...	...	...	...	...	...	4
(d) Re-examination	...	...	...	...	...	...	...	—
(e) Special schools for other categories	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	61
No. receiving education otherwise than at school	...	...	...	...	...	...	...	7
No. requiring places in special schools	...	...	...	...	...	...	...	1

(g) *Epileptic.*

No. of children examined during year	...	...	...	...	...	...	...	10
No. of children re-examined during year	...	...	...	...	...	...	...	2
School medical officers' recommendations :—								
(a) Ordinary school	...	...	...	...	...	...	...	6
(b) Special school for epileptics	...	...	...	...	...	...	...	2
(c) Special school for other categories	...	...	...	...	...	...	...	—
(d) Re-examination	...	...	...	...	...	...	...	—
(e) Home tuition	...	...	...	...	...	...	...	4
No. in special schools at end of year	...	...	...	...	...	...	...	8
No. receiving education otherwise than at school	...	...	...	...	...	...	...	3
No. requiring places in special schools	...	...	...	...	...	...	...	—

(h) *Educationally Sub-normal Children.*

No. of children examined during year	...	...	...	...	...	...	...	...	245
Re-examinations	...	...	...	...	...	...	...	...	60
School medical officers' recommendations:—									
(a) Ordinary schools	...	...	...	...	...	...	...	...	14
(b) Special education in ordinary schools	...	...	...	...	...	...	...	...	—
(c) Special schools for educationally subnormal pupils	...	...	...	...	...	...	...	...	230
(d) Hospital schools	...	...	...	...	...	...	...	...	1
(e) Education otherwise than at school	...	...	...	...	...	...	...	...	1
No. in special schools at end of year	...	...	...	...	...	...	...	...	1,353
No. receiving special education in ordinary schools	...	...	...	...	...	...	...	...	4,400
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	19
No. requiring places in special schools	...	...	...	...	...	...	...	...	62

(i) *Maladjusted Children.*

No. of children who attended child guidance centres during year	...	...	...	...	...	...	...	...	553
No. in special schools at end of year	...	...	...	...	...	...	...	...	83
No. in residential hostels at end of year	...	...	...	...	...	...	...	...	11
No. in special classes	...	...	...	...	...	...	...	...	19
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	6
No. requiring places in special schools	...	...	...	...	...	...	...	...	18

(j) *Speech Defective Children.*

No. of children receiving speech therapy in schools, clinics or in hospitals...	...	...	...	...	...	...	...	...	1,327
No. in special schools at end of year	...	...	...	...	...	...	...	...	—
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	...	—

TABLE 23

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY, 1972
(excluding Easington).

(1) *Attendances and Treatment.*

First visit	...	...	...	...	...	...	...	...	...	...	8,975
Subsequent visits	...	...	...	...	...	...	...	...	...	...	11,347
Additional courses of treatment commenced	...	...	...	...	...	...	...	...	...	...	833
Fillings :—											
Permanent teeth	...	...	...	...	...	...	...	...	...	...	5,356
Deciduous teeth	...	...	...	...	...	...	...	...	...	...	10,760
Number of teeth filled:—											
Permanent teeth	...	...	...	...	...	...	...	...	...	...	4,160
Deciduous teeth	...	...	...	...	...	...	...	...	...	...	9,543
Extractions :—											
Permanent teeth	...	...	...	...	...	...	...	...	...	...	826
Deciduous teeth	...	...	...	...	...	...	...	...	...	...	11,682
Administration of general anaesthetics	...	...	...	...	...	...	...	...	...	...	3,671
Emergencies	...	...	...	...	...	...	...	...	...	...	276
Other operations:—											
Number of pupils X-rayed	...	...	...	...	...	...	...	...	...	...	706
Prophylaxis	...	...	...	...	...	...	...	...	...	...	1,920
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	...	1,357
Number of teeth root filled	...	...	...	...	...	...	...	...	...	...	24
Inlays	...	...	...	...	...	...	...	...	...	...	1
Crowns	...	...	...	...	...	...	...	...	...	...	58
Courses of treatment completed	...	...	...	...	...	...	...	...	...	...	13,348

(2) *Orthodontic Work.*

Cases remaining from previous year	...	...	...	...	...	...	...	...	...	145
New cases commenced during year	...	...	...	...	...	...	...	...	...	258
Cases completed during year	...	...	...	...	...	...	...	...	...	164
Cases discontinued during year	...	...	...	...	...	...	...	...	...	19
No. of removable appliances fitted	...	...	...	...	...	...	...	...	...	234
No. of fixed appliances fitted	...	...	...	...	...	...	...	...	...	3
Pupils referred to hospital consultant	...	...	...	...	...	...	...	...	...	97

(3) *Prosthetic Work.*

Pupils supplied with full upper or full lower (First time)	...	...	...	...	...	...	...	—
Pupils supplied with other dentures (First time)	...	...	...	...	...	...	...	1
Number of dentures supplied	...	...	...	...	...	...	...	—

(4) *Anaesthetics.*

General anaesthetics administered by dental officers	12
--	-----	-----	-----	-----	-----	-----	----

(5) *Inspections.*

(a) First inspection at school. Number of pupils	...	...	...	...	...	...	32,878
(b) First inspection at clinic. Number of pupils	...	...	...	...	...	...	3,965
Number of (a) + (b) found to require treatment	...	...	...	...	...	...	21,724
Number of (a) + (b) offered treatment	...	...	...	...	...	...	20,555
(c) Pupils re-inspected at school or clinic	...	...	...	...	...	...	2,818
Number of (c) found to require treatment	...	...	...	...	...	...	1,799

(6) *Sessions.*

Sessions devoted to treatment	...	...	...	...	...	...	...	7,201
Sessions devoted to inspection	...	...	...	...	...	...	...	346
Sessions devoted to dental health education	...	...	...	...	...	...	...	372

TABLE 24
SCHOOL CLINICS
(Services available 31st December, 1972).

<i>Clinic.</i>	<i>Sessions.</i>		<i>Sessions.</i>
BARNARD CASTLE Council Offices, Galgate.	Medical Officer ...	Wed. (a.m.) 1st week in month	
	Building used by School Health Service.		
BIRTLEY Hexham Villa.	Medical Officer ...	Wed. (a.m.)	Educational Psychologist ... By arrangement.
	Dental Officer ...	Daily	Audiometrician ... By arrangement.
	Oculist ...	Alternate Fridays.	Speech Therapist ... Thurs.
	Building used by Child Health and School Health Services.		
BISHOP AUCKLAND. Watling Road.	Medical Officer ...	Mon. (p.m.), Thurs. (a.m.)	Speech Therapist ... Thurs. (Now moved to 3 Kensington) Audiometrician ... By arrangement.
	Building used by Child Health and School Health Services.		
BISHOP AUCKLAND. 23, Etherley Lane.	Dental Officer ...	Mon., Tues., Thurs., Fri.	Educational Psychologist ... By arrangement.
	Oculist ...	Tues.(p.m.), Wed.(a.m.), Fri.(a.m.)	
	Building used by School Health Service.		
BLAYDON. Shibdon Road.	Medical Officer ...	Tues. (a.m.), Fri. (a.m.)	Educational Psychologist ... By arrangement.
	Dental Officer ...	Mon., Wed., Thurs., Fri.	
	Oculist ...	Wed. (p.m.)	Audiometrician ... By arrangement.
	Building used by Child Health and School Health Services.		
CHESTER-LE-STREET Mains Farm House, West Lane.	Medical Officer ...	Fri. (a.m.)	Audiometrician ... By arrangement. Speech Therapist ... Monday, Friday.
	Building used by Child Health and School Health Services.		
CONSETT. 192 Medomsley Road.	Medical Officer ...	Fri. (p.m.)	Educational Psychologist ... By arrangement.
	Dental Officer ...	Tues., Thurs.	
	Oculist ...	Wed. (p.m.)	Audiometrician ... By arrangement.
	Building used by Child Health and School Health Services.		
CROOK. Dawson Street.	Medical Officer ...	Wed. (a.m.)	Educational Psychologist ... By arrangement.
	Dental Officer ...	Mon., Tues. (p.m.), Thurs. (p.m.), Fri. (p.m.)	Audiometrician ... By arrangement.
	Building used by Child Health and School Health Services.		
DURHAM. Musgrave Gardens.	Medical Officer ...	Thurs.	Speech Therapist ... Mon, Tues., Wed., Thurs.(a.m.).
	Dental Officer ...	No. 1 Surgery— Daily. No. 2 Surgery— Thurs., Fri.	Audiometrician ... By arrangement. Oculist ... Thurs. (a.m.)
	Building used by Child Health and School Health Services.		

<i>Clinic.</i>	<i>Sessions.</i>		<i>Sessions.</i>	
EAST BOLDON. Boker Lane.	Medical Officer ...	Alt. Fri. (a.m.)	Audiometrician ...	By arrangement.
			Speech Therapist ...	Thurs. (a.m.)
	Building used by Child Health and School Health Services.			
FELLING. Grassbanks, Leam Lane.	Medical Officer ...	Tues. (a.m.)	Speech Therapist ...	Wed.
	Dental Officer ...	Mon.	Audiometrician ...	By arrangement.
	Oculist ...	Thurs. (p.m.)		
	Building used by Child Health and School Health Services.			
HEBBURN. Argyle Street	Medical Officer ...	Thurs. (a.m.)		
	Dental Officer ...	Wed.	Audiometrician ...	By arrangement.
	Building used by Child Health and School Health Services.			
HOUGHTON- LE-SPRING. Lambton House, Gasworks Lane.	Medical Officer ...	Tues. (a.m.)	Oculist ...	Fri. (p.m.)
	Dental Officer ...	No. 1 Surgery—Daily. No. 2 Surgery— Mon., Tues., Wed., Fri.	Speech Therapist ...	Mon., Wed. (p.m.)
			Audiometrician ...	By arrangement.
			Educational Psychologist ...	By arrangement.
	Building used by Child Health and School Health Services.			
JARROW. “Balgownie,” Bede Burn Road.	Medical Officer ...	Mon. (p.m.)	Speech Therapist ...	Fri.
	Dental Officer ...	Mon., Tues., Wed., Thurs.	Educational Psychologist ...	By arrangement.
	Oculist ...	Thurs.	Audiometrician ...	By arrangement.
	Building used by School Health Service.			
NEWTON AYCLIFFE. Dalton Way.	Medical Officer ...	Wed. (a.m.)	Speech Therapist ...	Mon.
	Dental Officer ...	Mon., Thurs., Fri.	Educational Psychologist ...	By arrangement.
	Oculist ...	Fri. (a.m.)	Audiometrician ...	By arrangement.
	Building used by Child Health and School Health Services.			
RYTON Grange Road.	Medical Officer ...	Alt. Thurs. (p.m.)	Audiometrician ...	By arrangement.
	Dental Officer ...	Tues. (a.m.), Wed., Thurs.	Educational Psychologist ...	By arrangement.
	Building used by Child Health and School Health Services.			
SEAHAM HARBOUR St. John's Square.	Medical Officer ...	Mon. (a.m.)	Audiometrician ...	By arrangement.
	Oculist ...	Thurs. (a.m.)	Educational Psychologist ...	By arrangement.
	Dental Officer ...	Daily.	Speech Therapist ...	Tues.
	Building used by Child Health and School Health Services.			
SHILDON Hallgarth House, Main Street.	Medical Officer ...	Alt. Fri. (a.m.)	Audiometrician ...	By arrangement.
			Speech Therapist ...	Wed. By arrangement.
	Building used by School Health Service.			

<i>Clinic</i>	<i>Sessions.</i>		<i>Sessions.</i>
SPENNYMOOR. Barnfield Road.	Medical Officer ...	Mon. (a.m.), Thurs. (a.m.).	Audiometrician ... By arrangement.
	Educational Psychologist ...	By arrangement.	Speech Therapist ... Tues. By arrangement
	Building used by Child Health and School Health Services.		
SPENNYMOOR. Rock Road.	Dental Officer ...	Tues., Wed.	
	Building used by School Health Service.		
STANLEY. High Street.	Medical Officer ...	Thurs. (a.m.)	Educational Psychologist ... By arrangement.
	Dental Officer ...	Mon., Tues., Wed., Fri.	
	Oculist ...	Alt. Fridays.	Audiometrician ... By arrangement.
	Building used by Child Health and School Health Services.		
WASHINGTON Victoria Road.	Medical Officer ...	Mon. (a.m.).	Educational Psychologist ... By arrangement.
	Dental Officer ...	Mon. (a.m.), Tues., Wed., Thurs.	Audiometrician ... By arrangement.
	Oculist ...	Fri. (p.m.)	Speech Therapist ... Tues. (a.m.), Wed. (a.m.)
	Building used by Child Health and School Health Services.		

In addition, E.N.T. sessions with the school medical officer and audiometrician in attendance are held at the following centres as and when required:—

BARNARD CASTLE, COCKFIELD, DUNSTON, EAGLESLIFFE, HETTON-LE-HOLE, MIDDLETON-IN-TEESDALE, TRIMDON, FRAMWELLGATE MOOR, MEADOWFIELD.

Speech Therapy sessions are held at:—

BARNARD CASTLE, DUNSTON, EGGLESLIFFE, HETTON-LE-HOLE, MIDDLETON-IN-TEESDALE, SEDGEFIELD.

MOBILE DENTAL VANS

<i>Van No.</i>	<i>Headquarters</i>	<i>Usage</i>
1	Wolsingham	Daily.
2	Stillington	Daily.
3	Sedgefield	Wed., Thurs.
4	Boldon Colliery	Mon., Tues., Thurs. and Fri.
5	Chester-le-Street	Tues. (p.m.), Wed., Thurs.
6	Brandon	Thurs. (p.m.), Fri. (p.m.)
7	Barnard Castle	Daily.
8	Hexham Villa, Birtley	Mon. (p.m.), Wed. (p.m.), Fri. (p.m.)

CHILD GUIDANCE

(Services available 31st December, 1972).

<i>Place.</i>	<i>Sessions.</i>				<i>Sessions.</i>
BISHOP AUCKLAND CLINIC. 3 Kensington.	Educational Psychologist.	By arrangement.	Psychiatrist	...	Tues. (a.m.) Wed. (a.m.) Fri. (a.m.)
		Building used by School Health Service.			
DURHAM CHILD GUIDANCE CLINIC. Aykley Heads, Durham.	Educational Psychologist.	By arrangement	Psychiatrist	...	Mon., Tues., Wed. Thur. (a.m.),
		Building used by School Health Service.			
JARROW CLINIC. "Balgownie," Bede Burn Road.	Educational Psychologist.	By arrangement.	Psychiatrist	...	Wed.
		Building used by School Health Service.			
SEAHAM CLINIC. St. John's Square.	Educational Psychologist.	By arrangement.			
		Building used by Child Health and School Health Services.			

PART IV

**RURAL DISTRICT COUNCIL OF EASINGTON
EDUCATION COMMITTEE**

(Excepted District).

**ANNUAL REPORT of the
DISTRICT PRINCIPAL SCHOOL MEDICAL OFFICER**

J. W. A. RODGERS, M.B., B.Ch., D.P.H.

for the YEAR 1972.

STAFF OF THE SCHOOL HEALTH SERVICE.

DISTRICT PRINCIPAL SCHOOL MEDICAL OFFICER.

J. W. A. Rodgers, M.B., B.Ch., D.P.H.

2 SCHOOL MEDICAL OFFICERS.

1 AREA DENTAL OFFICER.

2 SCHOOL DENTAL OFFICERS.

2 CONSULTANT OPHTHALMOLOGISTS. (Part-time)

PERIODIC MEDICAL INSPECTIONS

Medical Inspections are still carried out in the three groups:—entrants, ten plus age group and last year of compulsory education

Age groups inspected (By year birth)	No. of pupils who have received full medical examination	Physical condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	Defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
1968 and later	6	6	—	—	1	1
1967	51	50	1	6	8	13
1966	94	91	3	11	12	19
1965	531	526	5	66	84	134
1964	246	245	1	32	38	62
1963	23	22	1	2	2	3
1962	90	90	—	8	16	20
1961	42	42	—	9	6	12
1960	49	49	—	6	7	11
1959	56	56	—	15	14	22
1958	32	32	—	3	4	5
1957	360	359	1	51	42	80
1956 and earlier	164	161	3	24	29	43
	1,744	1,729	15	233	263	425

School medical officers also made visits to Horden Day School to carry out medical inspections of educationally subnormal pupils and to Easington Day School in order to examine mentally subnormals.

The percentage of children whose physical condition was found to be unsatisfactory was 0·86% compared with 0·38% in 1971.

The number of children in schools at January 1973 was 17,366 divided as follows:—

												<i>Number of Schools</i>	<i>Children on Roll</i>
Nursery	...	...	...	...	...	...	...	...	...	...	...	1	49
Primary	...	...	...	...	...	...	...	...	...	...	...	46	10,511
Secondary, Grammar, Comprehensive	...	...	...	...	...	...	...	...	...	...	...	13	6,636
E.S.N. Day	...	...	...	...	...	...	...	...	...	...	...	1	124
Mentally Handicapped	...	...	...	...	...	...	...	...	...	...	...	1	46
												62	17,366

DEFECTS FOUND AT MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease	Periodic Inspections									
	Entrants		Leavers		Others		Total		Specials	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	22	5	12	1	18	1	52	7	—	—
Eyes—										
(a) Vision	110	59	75	8	48	21	233	88	—	—
(b) Squint	33	4	19	1	9	3	61	8	—	—
(c) Other	—	1	—	—	—	2	—	3	—	—
Ears—										
(a) Hearing	12	44	3	8	1	6	16	58	—	—
(b) Otitis Media	1	8	4	11	—	4	5	23	—	—
(c) Other	6	—	4	1	1	—	11	1	—	—
Nose and Throat	21	75	3	2	7	12	31	89	—	—
Speech	2	10	—	—	1	3	3	13	—	—
Lymphatic Glands	—	1	—	1	—	1	—	3	—	—
Heart	3	5	—	2	—	—	3	7	—	—
Lungs	7	21	6	—	8	4	21	25	—	—
Development—										
(a) Hernia	1	2	—	—	—	—	1	2	—	—
(b) Other	6	5	—	—	1	—	7	5	—	—
Orthopaedic—										
(a) Posture	—	—	—	—	—	—	—	—	—	—
(b) Feet	11	13	3	2	3	3	17	18	—	—
(c) Other	3	4	6	6	—	2	9	12	—	—
Nervous System:—										
(a) Epilepsy	2	5	1	1	1	2	4	8	—	—
(b) Other	3	4	4	—	—	2	7	6	—	—
Psychological—										
(a) Development	1	11	—	—	—	4	1	15	—	—
(b) Stability	4	11	1	2	2	5	7	18	—	—
Abdomen	5	7	4	2	1	3	10	12	—	—
Other	15	3	5	—	6	2	26	5	—	—

(T) Number of pupils found to need treatment

(O) Number of pupils found to need observation

PERMANENT SCHOOL CLINICS

<i>Clinic</i>	<i>Sessions</i>
PETERLEE Fleming Place	Medical Officer Friday
	Dental Officer Daily
	Child Guidance Clinic Tuesday (p.m.)
	Educational Psychologist By arrangement
	Audiometrician By arrangement
	Ophthalmologist Friday (a.m.)
	Building used by Child Health and School Health Services
MURTON 21 Woods Terrace	Medical Officer Alternate Thurs. (a.m.)
	Dental Officer Wednesday and Friday
	Educational Psychologist By arrangement
	Audiometrician By arrangement
	Building used by Child Health and School Health Services
WINGATE 'Oaklea' Fir Tree	Medical Officer Alternate Monday (a.m.)
	Dental Officer Monday, Tuesday, Thursday
	Educational Psychologist By arrangement
	Audiometrician By arrangement
	Ophthalmologist Wednesday (a.m.) (Re-commenced September, 1972)
	Building used by Child Health and School Health Services
WHEATLEY HILL School House, Front Street	Medical Officer Alternate Thursdays (p.m.)
	Educational Psychologist By arrangement
	Building used by Child Health and School Health Services

Between 1st January and 31st August 1972 building extensions were carried out at Peterlee Health Centre, and during this period audiometric sessions were held at the Horden clinic. No other sessions were held at the Horden clinic during the year.

The school clinics continued to be held at fixed times to allow head teachers, nurses, education welfare officers, to refer children without previous appointments. The majority of children still attend the school clinics by appointment. College entrants and superannuation and sick pay examinations are also carried out during the routine clinic times.

Nursing and Health Visitor Services

The school nurses carried out the majority of cleanliness inspections with some help from the health visitors. 748 visits were made to schools, 35,323 inspections were carried out and 1,353 individual pupils were found to be infested. Following these inspections, 2,793 follow up visits were made to the children's homes.

School nurses also made 93 follow-up visits to the homes of those children who had been discharged from hospitals. They also carried out visits following complaints by head teachers, education welfare officers etc., and carried out a large number of foot inspections both in the home and schools.

They were in attendance at medical inspections in schools, at vaccination and immunisation sessions and at all school clinics including audiometry and vision. The nurses examined children placed in residential schools while at home during holidays and in certain cases, escorted these children to and from their schools. They were also called upon to attend accidents in schools.

ANALYSIS OF CASES EXAMINED AT THE SCHOOL CLINICS DURING THE YEAR, 1972.

Defect or Disease.									No. of Cases.	No. of Examinations.
Cleanliness	...	...	...	...	...	...	...	...	—	—
Infestation—										
Head	...	...	...	...	...	...	...	...	12	14
Body	...	...	...	...	...	...	...	...	—	—
Teeth	...	...	...	...	...	...	...	...	—	—
Skin—										
(a) Ringworm of scalp	...	...	...	...	...	...	...	...	—	—
(b) Ringworm of body	...	...	...	...	...	...	...	...	—	—
(c) Other	...	...	...	...	...	...	...	...	13	19
Eyes—										
(a) Vision	...	...	...	...	...	...	...	...	32	39
(b) Squint	...	...	...	...	...	...	...	...	2	2
(c) Other	...	...	...	...	...	...	...	...	4	4
Ears—										
(a) Hearing	...	...	...	...	...	...	...	...	568	1,082
(b) Otitis Media	{	R	...	...	...	...	...	...	2	2
		L	...	...	...	...	...	...	—	—
(c) Other	...	...	...	...	...	...	...	...	1	1
Nose and throat	...	...	...	...	...	...	...	...	5	7
Speech	...	...	...	...	...	...	...	...	6	6
Lymphatic glands	...	...	...	...	...	...	...	...	—	—
Heart and circulation	...	...	...	...	...	...	...	...	2	2
Lungs	...	...	...	...	...	...	...	...	11	15
Development—										
(a) Hernia	...	...	...	...	...	...	...	...	—	—
(b) Other	...	...	...	...	...	...	...	...	1	2
Orthopaedic—										
(a) Posture	...	...	...	...	...	...	...	...	1	1
(b) Feet	...	...	...	...	...	...	...	...	4	4
(c) Other	...	...	...	...	...	...	...	...	6	6
Nervous system—										
(a) Epilepsy	...	...	...	...	...	...	...	...	2	2
(b) Other	...	...	...	...	...	...	...	...	9	13
Psychological—										
(a) Development	...	...	...	...	...	...	...	...	10	12
(b) Stability	...	...	...	...	...	...	...	...	50	135
Abdomen	...	...	...	...	...	...	...	...	3	6
General debility	...	...	...	...	...	...	...	...	14	28
Others	...	...	...	...	...	...	...	...	23	25
No appreciable defect or disease	...	...	...	...	...	...	...	...	1	1
Totals ...									782	1,428

OTHER FACILITIES FOR MEDICAL TREATMENT

Vision testing

Weekly sessions continued to be held at Peterlee Clinic and weekly sessions were re-commenced at Wingate Clinic in September when Mr. Sharp, Consultant Ophthalmologist returned to duty.

During the year, 492 appointments were offered, 376 children were tested and spectacles were prescribed in 189 cases.

33 children who required orthoptic treatment were referred either to Sunderland Eye Infirmary or Caroline Street Clinic at Hartlepool.

The school nurses continued to test children's vision in schools prior to school medical inspections.

Audiometric testing

The audiometrician continued to visit infant and junior schools in order to carry out a sweep test of hearing and 46 schools were visited during the year. 3,911 children were tested and of these, 276 (7.06%) failed testing compared with 8.00% in 1971. The children who failed testing were then referred to audiometric clinics for further examination. In addition, all children with speech problems or for examination as possibly educationally sub-normal were also tested for possible hearing loss.

1,373 appointments for audiometric tests were arranged at school clinics throughout the area during the year and the results were as follows:—

<i>Recommended for partially hearing units</i>	<i>Referred to general practitioners</i>	<i>For further observation</i>	<i>Appointments not kept</i>	<i>No further action</i>
2	77	714	297	283

These figures include 28 appointments made for pre-school children.

Hearing aids

Children with hearing aids are also seen at intervals by the school medical officers together with the County Organiser for Deaf and Blind Education. Reports are received from head teachers and peripatetic teachers of the deaf. The children are examined at clinics to ensure that each is receiving the maximum benefit from the hearing aid.

At the end of 1972, eighteen children were wearing hearing aids, eleven of these were attending ordinary schools, six attending partially hearing units and one attending a residential school for the deaf. In addition, children under school age referred by the Chief Nursing Officer as having hearing defects are also seen at these joint clinics.

Child Guidance Clinic

From 1st January, 1972, Dr. E. Bruce, Assistant Psychiatrist, commenced weekly sessions at Peterlee Clinic on Tuesday afternoons.

During the year, there were 122 attendances by 42 children. Of these, 14 were carried forward from 1971 and 28 were new cases. At the end of the year there were still 16 new cases waiting to be seen.

A large number of the cases are referred by the educational psychologist, district education officer (as school refusals) and by family doctors. Only a small percentage of the children seen at the clinics need referring to the district education officer for placement in special residential schools, mainly maladjusted schools. The majority of the problems are resolved between the doctor, parents and child at the clinic.

Physically and mentally handicapped children are ascertained either at clinics or where necessary at home.

The following figures show the distribution of handicapped children in the various categories at the end of the year:—

Blind	...	...	...	...	...	...	...	...	5
Partially sighted	...	...	...	...	...	...	...	...	6
Deaf	...	...	...	...	...	...	...	...	5
Partially hearing	...	...	...	...	...	...	...	...	12
Physically handicapped	...	...	...	...	...	...	...	...	23
Delicate	...	...	...	...	...	...	...	...	11
Epileptic	...	...	...	...	...	...	...	...	—
E.S.N.	...	...	...	...	...	...	...	...	143
Maladjusted	...	...	...	...	...	...	...	...	14
Mentally handicapped	...	...	...	...	...	...	...	...	47

The above figures include pupils who have been recommended for special schools but who at the end of the year were still attending ordinary schools or were pre-school children.

In all 48 children are attending special schools (Apart from E.S.N. and Mentally Handicapped).

(a) *Blind*

Three pupils were attending residential schools for the blind at the end of the year. One boy left such a school during the year. Two children were examined during the year and recommended for admission to residential schools for the blind.

Partially Sighted

There were no new admissions or discharges from the day school and therefore at the end of the year six pupils were attending day school for the partially sighted.

(b) *Deaf*

During the year, one boy was admitted to the Northern Counties School for Deaf, one girl transferred into the area from Yorkshire and continued to attend the Yorkshire School for Deaf while two boys attending Northern Counties transferred out of the area. One girl recommended for admission to Northern Counties was still awaiting placement at the end of the year. At the end of the year there were four pupils attending residential schools for the deaf.

Partially Hearing

Three pupils were admitted to Langley Moor Partially Hearing Unit and one pupil left on reaching school leaving age making a total of twelve pupils attending partially hearing units at the end of the year.

(c) *Physically Handicapped*

Three pupils were attending residential schools at the end of the year, three were attending Thornhill Day School, six were receiving home tuition and seven were receiving special transport to school. At the end of the year, two pupils were awaiting placement in schools for the physically handicapped and two were waiting to receive special transport.

(d) *Delicate*

During the year, one pupil was admitted to a residential school and two pupils left making a total of three pupils in residential schools at the end of the year. One pupil was admitted to the day school for the delicate making a total of four in the day school at the end of the year. One pupil was awaiting placement in a residential school for the delicate at the end of the year, two pupils were receiving home tuition and one was receiving special transport to an ordinary school.

(e) *Educationally Sub-normal Pupils*

Three pupils were admitted to E.S.N. residential schools and four pupils left making a total of 18 in such schools at the end of the year. During the year, twelve pupils were admitted to the E.S.N. day school at Horden and 19 left making a total of 116 in Horden Dene View School at the end of the year.

Three of these live outside the Easington Rural District area. At the end of the year, there was one pupil awaiting placement in a residential school for E.S.N., and eight awaiting placement at Horden Dene View School.

(f) *Mentally Handicapped*

During the year, five pupils were admitted to the Easington Day School for Mentally Handicapped and six left making a total of 43 pupils attending at the end of the year. Four pupils were still awaiting placement at the end of the year.

(g) *Maladjusted Pupils*

During the year, four boys and two girls were admitted to residential schools for the maladjusted whilst three boys and two girls left such schools. At the end of the year there were eight boys and two girls attending residential schools for the maladjusted, three boys and one girl were still awaiting placement.

Miscellaneous medical examinations (figures in brackets relate to 1971):—

College entrants and intending teachers	...	...	...	...	...	103	(98)
Superannuation and sick pay cases	...	...	...	...	...	84	(69)
Part-time employment while still attending school	...	...	...	...	...	1	(4)
Free school milk	...	...	...	...	...	1	(3)

Vaccination and Immunisation

During the year a total of 42 schools were visited by the School Medical Officer and staff in order to carry out poliomyelitis and diphtheria/tetanus vaccination. 72 full courses of polio and 127 polio boosters were given. In a further offer to new entrants, 109 diphtheria/tetanus boosters were given.

The number immunised by the school medical officers is gradually decreasing as more children are now being treated before starting school.

B.C.G. vaccination of pupils in secondary schools and a course of rubella vaccination to all fourteen-year-old girls was again carried out by the Medical Officer of Health and his staff.

DENTAL SERVICES

Four dental surgeries are still in operation, although only one surgery at Peterlee Clinic is now working full time. Dr. H. G. Saunders continues to administer general anaesthetics at Peterlee and Wingate clinics, and he has been joined by Dr. W. T. Fothergill who administers General Anaesthetics at Peterlee and Murton. Both are consultant anaesthetists. Mr. D. A. Dixon, Consultant Orthodontist, continues to attend Peterlee Clinic monthly. We are once again most grateful for the helpful assistance given by the consultants and staff of the Dental Unit, Sunderland General Hospital, to whom patients are referred for oral surgery and advanced orthodontics.

	Age 5—9	Age 10—14	Age 15+	Total
First visit	1,506	1,565	303	3,374
Subsequent visits	1,609	2,776	396	4,781
Total visits	3,115	4,341	699	8,155

Additional courses of treatment commenced	...	128	144	20	292
Fillings in permanent teeth	... ..	1,768	3,761	1,010	6,539
Fillings in deciduous teeth	... ..	1,449	43	—	1,492
Permanent teeth filled	... ..	1,367	3,178	916	5,461
Deciduous teeth filled	... ..	1,251	37	—	1,288
Permanent teeth extracted	... ..	139	608	115	862
Deciduous teeth extracted	... ..	2,322	845	—	3,167
General anaesthetics	... ..	576	269	19	864
Emergencies	... ..	28	22	3	53
Number of pupils X-rayed					388
Prophylaxis					336
Teeth otherwise conserved					166
Number of teeth root filled					21
Inlays					—
Crowns					17
Courses					3,134

Orthodontics

Cases remaining from previous year	... ..	76
New cases commenced during year	... ..	207
Cases completed during year	... ..	124
Cases discontinued during year	... ..	34
No. of removable appliances fitted	... ..	233
No. of fixed appliances fitted	... ..	4
Pupils referred to hospital consultant	... ..	31

Prosthetics

	5—9	10—14	15+	Total
Pupils supplied with F.U. or F.L. (1st time)	—	1	—	1
Pupils supplied with other dentures (1st time)	—	3	6	9
Number of dentures supplied	1	8	7	16

Anaesthetics

General anaesthetics administered by dental officers	—
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Inspections

(a) First inspection at school. Number of pupils	7,528
(b) First inspection at clinic. Number of pupils	1,142
Number of (a) + (b) found to require treatment	... ..	3,719
Number of (a) + (b) offered treatment	... ..	3,673
(c) Pupils re-inspected at school or clinic	... ..	1,077
Number of (c) found to require treatment	... ..	438

Sessions

Sessions devoted to treatment	... ..	1,090
Sessions devoted to inspection	52
Sessions devoted to dental health education	2

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